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Nursing Home Administrators, Board of

http://mn.gov/health-licensing-boards/nursing-home/

AT A GLANCE •

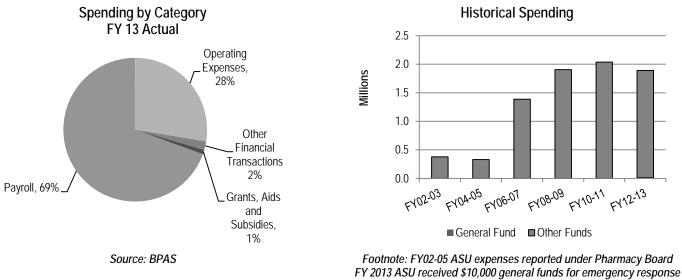
- The Board's main function is licensing Nursing Home Administrators.
- It also serves as the fiscal agent for the Administrative Services Unit (ASU)

PURPOSE

BENHA: The Minnesota Board of Examiners for Nursing home Administrators (BENHA) was established in 1970 under Minnesota Statutes 144A.19 – 144A.28 and Minnesota Rules 6400. The board is charged with the responsibility to act as the official licensure agency for nursing home administrators.

ASU: The Board of Examiners for Nursing Home Administrators has an additional budgetary responsibility as the fiscal agent for the Administrative Services Unit (ASU). The mission of the ASU is to:

- Provide centralized administrative services to 15 health-related licensing boards, and three boards funded out of the General Fund -- the Emergency Medical Services Regulatory Board (EMSRB), Board of Barbers, and Board of Cosmetology. The services provided include budgeting, fiscal analysis, human resources, payment transaction processing, purchasing and printing services, operations analysis, contracts, information technology, audit controls, research and policy analysis.
- Provide high quality services by having individually trained subject matter experts focused on specific administrative tasks
- Assist in the establishment of a consortium of boards to cooperate on matters of common interest
- Register individuals and organizations in the Volunteer Health Care Provider Program



BUDGET

study

Source: Consolidated Fund Statement

The Board is entirely fee supported and receives no General Fund dollars to provide services. Fees collected to cover direct and indirect expenditures are deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Board is granted authority to use these funds by the Minnesota Legislature to pay for expenses. The board has not had a fee increase since 1995.

STRATEGIES

BENHA: The eleven governor-appointed citizens serving on the Minnesota Board of Examiners for Nursing Home Administrators (BENHA) take serious the obligation to ensure that leaders of elder care campuses are sufficiently trained and held accountable for their actions without imposing unintended barriers or restrictions. The licensure of Nursing Home Administrators is a federal

requirement impacting Medicare and Medicaid funding for facilities. BENHA is currently partnering with other state agencies to review credentialing for the long term care continuum, if legislatively requested.

Currently, the board is engaged in a four year strategic planning process. The four global goals relate to:

- Assisted Living Administrators Credentialing
- Academic training and practicum / field experience
- Experienced administrators' continued competency
- Board effectiveness of daily operations

ASU: The Administrative Services Unit (ASU) is a model for providing efficient and accountable government services. This model uses key subject matter experts within the business office to facilitate state driven procedures while allowing practice specific experts within each board to focus on public safety and board specific practices. Other states have created similar models for the operations of their health licensing boards.

The ASU also operates the Volunteer Health Care Provider Program, which was created to allow liability insurance coverage for health care professionals providing care in community-based clinic settings. This program has grown significantly and eliminates a critical expense for many volunteering practitioners.

The authorizing Minnesota statute is Chapter 144A.19-38 (https://www.revisor.mn.gov/statutes/?id=144A&view=chapter#stat.144A.19)

The Board operates pursuant to Minnesota Rules 6400.5000 (<u>https://www.revisor.leg.state.mn.us/rules?id=6400.5000</u>)

Expenditures By Fund

	Actu FY12	ual FY13	Actual FY14	Estimate FY15	Forecas FY16	t Base FY17	Goverr Recomme FY16	
1000 - General	0	10	0	0	0	0	0	0
1201 - Health Related Boards	688	794	952	5,985	1,904	1,904	2,385	2,082
2000 - Restricted Misc Special Rev	0	0	0	285	285	285	285	285
2001 - Other Misc Special Rev	218	180	3	668	200	200	200	200
Total	906	984	955	6,937	2,389	2,389	2,870	2,567
Biennial Change Biennial % Change				6,002 318		(3,114) (39)		(2,455) (31)
Governor's Change from Base								659
Governor's % Change from Base								14
Expenditures by Program								
Program: Nursing Home Admin Board Of	906	984	955	6,937	2,389	2,389	2,870	2,567
Total	906	984	955	6,937	2,389	2,389	2,870	2,567
Expenditures by Category								
Compensation	683	684	471	903	746	748	1,082	781
Operating Expenses	219	272	477	5,993	1,636	1,634	1,781	1,779
Other Financial Transactions	3	19	6	41	7	7	7	7
Grants, Aids and Subsidies		9						
Total	906	984	955	6,937	2,389	2,389	2,870	2,567
Full-Time Equivalents	8.9	8.2	6.9	6.9	6.9	6.9	6.9	6.9

1000 - General

	Actu		Actual	Estimate	Forecast		Gover Recomme	endation
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Direct Appropriation	0	10	0	0	0	0	0	0
Cancellations		0						
Expenditures	0	10	0	0	0	0	0	0
Biennial Change in Expenditures				(10)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs		0.0						

1201 - Health Related Boards

	Actu		Actual	Estimate	Forecas		Govern Recomme	endation
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	600	2,090	1,000	3,730				
Direct Appropriation	2,153	2,245	3,742	2,255	1,884	1,884	2,365	2,062
Open Appropriation	15	11	7	0	20	20	20	20
Receipts	9	1						
Net Transfers			(67)	0				
Cancellations		2,552						
Expenditures	688	794	952	5,985	1,904	1,904	2,385	2,082
Balance Forward Out	2,090	1,000	3,730					
Biennial Change in Expenditures				5,454		(3,129)		(2,470)
Biennial % Change in Expenditures				368		(45)		(36)
Gov's Exp Change from Base								659
Gov's Exp % Change from Base								17
FTEs	6.9	6.3	6.7	6.7	6.7	6.7	6.7	6.7

2000 - Restricted Misc Special Rev

	Actu	al	Actual	Estimate	Forecast	Base	Goverr Recomme	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Receipts	0	0	0	285	285	285	285	285
Expenditures	0	0	0	285	285	285	285	285
Biennial Change in Expenditures				285		285		285
Biennial % Change in Expenditures						100		100
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

2000 - Restricted Misc Special Rev

2001 - Other Misc Special Rev

	Actu	al	Actual	Estimate	Forecas	t Basa	Gover Recomme	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	382	230	471	468				
Receipts	66	420		200	200	200	200	200
Expenditures	218	180	3	668	200	200	200	200
Balance Forward Out	230	470	468					
Biennial Change in Expenditures				273		(271)		(271)
Biennial % Change in Expenditures				69		(40)		(40)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.0	1.9	0.2	0.2	0.2	0.2	0.2	0.2

FY16-17 Biennial Budget Change Item

Change Item: Operating Adjustment for Board of Nursing Home Administrators

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	2	4	4	4
Revenues	0	0	0	0
Net Fiscal Impact =	2	4	4	4
(Expenditures – Revenues)				
FTEs	0	0	0	0

Recommendation:

The Governor recommends additional funding for compensation related costs associated with the delivery of agency services. This amount represents an annual increase of 1.8% for General Fund compensation costs.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Absorbing this increase in compensation costs within existing agency base appropriations results in reduced staffing and/or reduced non-compensation spending.

Proposal:

The Governor recommends increasing agencies' general fund budgets for employee wage and benefit costs by 1.8% per year for FY 2016-17. Agencies were instructed to include a 1.8% increase to total compensation each year in their base budgets, based upon the compound annual compensation spending rate increase per FTE over the last ten years for executive branch employees. This recommendation is intended to allow agencies to maintain their current level of agency operations.

For non-General Fund direct appropriated funds, the Governor's budget recommendations also include an adjustment of 1.8% per year, where the amount can be supported by the source of revenue.

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

Statutory Change(s):

N.A.

FY16-17 Biennial Budget Change Item

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	14	29	29	29
Revenues	0	0	0	0
Net Fiscal Impact =	14	29	29	29
(Expenditures – Revenues)				
FTEs	0	0	0	0

Change Item: Operating Adjustment for Administrative Services Unit

Recommendation:

The Governor recommends additional funding for compensation related costs associated with the delivery of agency services. This amount represents an annual increase of 1.8% for General Fund compensation costs.

Rationale/Background:

Each year, compensation costs rise due to labor contract settlements, and changes in employer-paid contributions for insurance, FICA, Medicare, retirement, and other factors. Absorbing this increase in compensation costs within existing agency base appropriations results in reduced staffing and/or reduced non-compensation spending.

Proposal:

The Governor recommends increasing agencies' general fund budgets for employee wage and benefit costs by 1.8% per year for FY 2016-17. Agencies were instructed to include a 1.8% increase to total compensation each year in their base budgets, based upon the compound annual compensation spending rate increase per FTE over the last ten years for executive branch employees. This recommendation is intended to allow agencies to maintain their current level of agency operations.

For non-General Fund direct appropriated funds, the Governor's budget recommendations also include an adjustment of 1.8% per year, where the amount can be supported by the source of revenue.

Results:

This proposal is intended to allow agencies to continue to provide current levels of service and information to the public.

Statutory Change(s):

N.A.

FY16-17 Biennial Budget Change Item

Change Item: HLB – Retirement Costs

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	\$320	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact =	\$320	0	0	0
(Expenditures – Revenues)				
FTEs	0	0	0	0

Recommendation:

The Governor recommends a one-time appropriation from the State Government Special Revenue (SGSR) Fund in FY 2016 in the amount of \$320,000 to cover the projected retirement payout costs of fifteen long-term employees of various health related licensing boards. The Governor further recommends that this funding be appropriated to the Administrative Services Unit to be transferred to boards incurring retirement costs in either year of the biennium. Any funds not used should cancel back to the SGSR fund.

Rationale/Background:

The health related licensing boards anticipate the retirement of fifteen long term state employees. Salaries account for approximately 80% of the boards' operating costs. The requested increase in spending authority will allow each board to continue its critical program functions of licensing, approving education programs, and disciplining licensees whose behavior is in violation of Minnesota Statutes and Administrative Rules and is a risk to patient safety.

The Health Related Licensing Boards are fee-supported agencies. The boards are required by Minnesota Statutes to collect sufficient revenue to cover all direct and indirect costs. Currently the boards collect enough revenue to support the recommended one-time appropriation increase without a change in licensing fees or a reduction in board expenditures.

Below is a list of anticipated retirement costs by board:

Board Name	Classification Retiring E		Total Payout by Board
Chiropractic Examiners	Executive Director	\$37,829.95	\$37,829.95
Dentistry	Executive 2	\$21,007.49	\$21,007.49
Health Professional Services Program	State Program Admin Principal	\$7,137.91	
	State Program Admin Principal	\$22,562.42	\$29,700.33
Medical Practice	Office & Admin Specialist Prin	\$19,539.91	
	Office & Admin Specialist	\$5,641.85	\$25,181.77
Nursing	Office & Admin Specialist	\$2,328.65	
	Executive Director	\$54,518.39	
	Registered Nurse Senior	\$11,639.94	
	Registered Nurse Senior	\$7,320.29	
	Office & Admin Specialist Sr	\$15,806.89	
	Registered Nurse Senior	\$15,583.12	\$107,197.29
Pharmacy	Office Services Supervisor 2	\$25,254.23	
	Pharmacy Surveyor	\$25,109.19	
	Pharmacy Surveyor	\$48,895.59	\$99,259.02
		Grand Total	\$320,175.84

Proposal:

The Governor recommends that the Administrative Services Unit (ASU) receive a one-time increase of \$320,000 in its SGSR appropriation in FY16. Under this proposal, when an employee of a health-related licensing board retires ASU will transfer funds from the ASU appropriation to the individual board's retirement account.

Results:

Retirement costs would be covered and would not affect the board's current operation budgets.

Statutory Change(s):

No statutory change is required for this initiative.

FY16-17 Biennial Budget Change Item – IT Costs

Fiscal Impact (\$000s)	FY 2016	FY 2017	FY 2018	FY 2019
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Health Related Boards Fund				
Expenditures	\$145	\$145	\$145	\$145
Revenues	0	0	0	0
Net Fiscal Impact =	\$145	\$145	\$145	\$145
(Expenditures – Revenues)				
FTEs	0	0	0	0

Change Item: MN.IT Data Center and Tridion Costs

Recommendation:

The Governor recommends an increase in the Administrative Services Unit's base budget in the amount of \$145,000 per year to cover IT expenses associated with MN.IT Services consolidation plan and Tridion website hosting. This amount would be paid by the health licensing boards from fee revenue within the State Government Special Revenue (SGSR) Fund.

Rationale/Background:

The health licensing boards housed at 2829 University Avenue SE have been chosen by MN.IT Services to be among the first group of state agencies to have data systems moved to an enterprise data center and maintained with managed hosting services. MN.IT has estimated the ongoing cost of hosting health licensing board data systems to be \$180,000 per year. In addition, the health licensing boards have moved all their websites to a Tridion platform, which is a product used by many state agencies. Currently, the boards pay approximately \$40,000 per year to operate a data center and \$1,000 per year for website hosting. The \$145,000 recommended in this proposal would cover the additional cost needed to comply with the consolidation plan and maintain website improvements.

Proposal:

The Governor recommends that the Administrative Services Unit receive an ongoing increase of \$145,000 per year starting in FY16. This amount is intended to cover the costs of managed hosting services and Tridion website hosting for the eighteen health and non-health related boards listed below:

Board of Barber Examiners Board of Behavioral Health and Therapy Board of Chiropractic Examiners Board of Cosmetologist Examiners Board of Dentistry Board of Dietetics and Nutrition Practice Emergency Medical Services Regulatory Board Board of Marriage and Family Therapy Board of Medical Practice Board of Nursing Board of Nursing Home Examiners Board of Optometry Board of Pharmacy Board of Physical Therapy Board of Podiatric Medicine Board of Psychology Board of Social Work Board of Veterinary Medicine

Results:

The boards anticipate that managed hosting services and the enterprise data center will have minimal impact on end users. The boards have already converted their websites to a Tridion platform, which has resulted in improved website services.

Statutory Change(s):

No statutory change is required for this initiative.

Budget Activity Narrative

Program: Nursing Home Administrators, Board of Activity: Nursing Home Administrators, Board of

http://mn.gov/health-licensing-boards/nursing-home/

AT A GLANCE

Credentialing

- 853 Licensed Nursing Home Administrators (LNHA)
- 91,000 Minnesotans reside along the long term care continuum
- 60 New licensees
- 14 acting permits issued
- 10 Minnesota Accredited Centers of LTC Education
- 71 state jurisprudence exams
- 244 continuing education reviews and approvals
- 61 complaints received

Source: Annual QI Report for June, 30, 2014

PURPOSE & CONTEXT

The Minnesota Board of Examiners for Nursing Home Administrators (BENHA) was established in 1970 under Minnesota Statutes 144A.19 – 144A.28 and Minnesota Rules 6400. The board, which was originally created by federal mandate, ensures that nursing home administrators have the education and skills necessary to provide strong, safe communities for Minnesota's elders. We carry out this mission through regulation of the practice, education and licensure of practitioners, and investigation of complaints.

The BENHA has an additional budgetary responsibility as the fiscal agent for the Administrative Services Unit (ASU). The main purpose of the ASU is:

- To provide centralized administrative services to 15 health-related licensing boards, and three boards funded out of the general fund -- the Emergency Medical Services Regulatory Board (EMSRB), Board of Barbers, and Board of Cosmetology. The areas of administrative support oversight includes budgeting, fiscal analysis, human resources, payment transaction processing, purchasing and printing services, operations analysis, contracts, information technology, audit controls, research and policy analysis.
- In its twentieth year, the ASU model has proven effective at using subject matter experts and a centralized business model to promote efficient and accountable government services.

SERVICES PROVIDED

The BENHA is required to set the standard for Nursing Home Administrator licensure in order for the state to receive Center of Medicare and Medicaid Service funds per federal guidelines. We accomplish this by:

- Maintaining educational standards for prospective and existing licensees
- Licensing qualified individuals so that Minnesotans seeking nursing home care will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform at a contemporary standard of practice.
- Educating the public on health-related professions, practitioners, and standards.
- Working with ten (10) approved colleges with Long Term Care Administration programs.

Currently, Minnesota has 853 licensed administrators that oversee the care provided to nearly 40,000 Minnesotans. Resident safety is the primary focus working with all stakeholders. Research is very active at this time as it relates to leadership of long term care supports and services and its relationship to customer satisfaction. The board is nationally engaged in reviewing best practices to ensure resident safety in all Minnesota senior care environments including the Assisted Living Administrator.

BENHA initiated their four year strategic plan in 2012. New goals and strategies were outlined for the next four years primarily in the areas of long term care supports and services credentialing, revising practicum and field experience guidelines, and coordination with other state agencies. Among the discussion points are performance measurements as only one state in the nation tracks state board performance at this time. The board receives an annual statistical review in October of each year. This data is used to identify new initiatives or areas of concern. The board engages in many stakeholder groups to ensure administrative involvement in problem resolution.

RESULTS

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Percent of license renewals completed online	92%	94%	FY 2012 & FY 2013
Quantity	Percent of initial license applications submitted online	0%	44%	FY 2012 & FY 2013
Quality	Percent of initial license applications approved within 48 hours of final submission	98%	98%	FY 2012 & FY 2013

The authorizing Minnesota statute is Chapter 144A.19-38 (<u>https://www.revisor.mn.gov/statutes/?id=144A&view=chapter#stat.144A.19</u>). The Board is also governed by provisions found in various other Minnesota Statutes, including chapters 214, 13 and 16.

The Board operates pursuant to Minnesota Rules 6400.5000 (<u>https://www.revisor.leg.state.mn.us/rules?id=6400.5000</u>).

Expenditures By Fund

	Actual FY12 FY13		Actual FY14	Estimate FY15	Forecast Base FY16 FY17		Governor's Recommendation FY16 FY17	
1201 - Health Related Boards	134	186	152	314	216	216	218	220
Total	134	186	152	314	216	216	218	220
Biennial Change				146		(34)		(28)
Biennial % Change				46		(7)		(6)
Governor's Change from Base								6
Governor's % Change from Base								1
Expenditures by Category								
Compensation	103	99	113	111	114	115	116	119
Operating Expenses	30	68	35	203	102	101	102	101
Other Financial Transactions	1	19	3					
Total	134	186	152	314	216	216	218	220
			I					
Full-Time Equivalents	1.4	1.2	1.6	1.6	1.6	1.6	1.6	1.6

1201 - Health Related Boards

	Actual		Actual Estimate		Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In		122		102				
Direct Appropriation	252	218	253	212	211	211	213	215
Open Appropriation	4	3	1	0	5	5	5	5
Cancellations		157						
Expenditures	134	186	152	314	216	216	218	220
Balance Forward Out	122		102					
Biennial Change in Expenditures				146		(34)		(28)
Biennial % Change in Expenditures				46		(7)		(6)
Gov's Exp Change from Base								6
Gov's Exp % Change from Base								1
FTEs	1.4	1.2	1.6	1.6	1.6	1.6	1.6	1.6

Nursing Home Administrators, Board of

Program:Administrative Services Unit (ASU)Activity:Administrative Services Unit (ASU)

http://mn.gov/health-licensing-boards/asu/

AT A GLANCE

FY 2013: July 1, 2012 - June 30, 2013

- Serves 18 heath and non-health related licensing boards
- Serves 170 state employees
- Serves 172 appointed board members
- Registered 15 Volunteer Health Care Provider facilities
- Registered 73 Volunteer Health Care Provider volunteers
- Processed over 990 purchase orders
- Processed over 7,500 vendor payments
- Processed over 6,700 revenue deposits

PURPOSE & CONTEXT

The mission of the Administrative Services Unit (ASU) is to:

- Provide centralized administrative services to 15 healthrelated licensing boards and three non-health related licensing boards – the Emergency Medical Services Regulatory Board (EMSRB), Board of Barber, and Board of Cosmetology. The services provided include budgeting, fiscal analysis, human resources, payment transaction processing, purchasing and printing services, operations analysis, contracts, information technology, research and policy analysis.
- Provide high quality services by having individually trained staff focused on specific administrative tasks.
- Assist in the establishment of a consortium of boards to cooperate on matters of common interest.
- Register individuals and organizations for the Volunteer Health Care Provider Program (VHCPP)

SERVICES PROVIDED

In 1995 the Health Licensing Boards voluntarily and informally created the ASU to increase efficiencies among the Boards in performing their duties. The ASU was formalized in statute in 2011 (Minnesota Statutes Chapter 214.107).

The ASU is required to perform administrative, financial, and management functions common to all the boards using procedures that streamline services, reduce expenditures, target the use of state resources, and meet the mission of public protection. Specifically, the ASU processes payroll; pays invoices; records receipts; performs purchasing, contracting and grant functions; maintains fixed assets; prepares annual and biennial budgets, annual spending plans and fiscal notes; compiles financial reports; administers building leases; and performs human resource functions and labor relations.

ASU was recognized nationally for occupational governance by the PEW commission.

The ASU is funded by all the independent boards and consists of 7.6 FTE staff members who perform shared administrative and business services for all the boards. ASU also coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's annual budget is determined by the Executive Directors Forum. Oversight of ASU is assigned on a rotating basis to one of the health-related boards. The current ASU oversight board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed by the Executive Directors Forum's Management Committee.

Monthly meetings are held of the Executive Director's Forum. The HLB's governance structure consists of an elected Chair, Vice-Chair who serves as chair of the Management Committee, Policy Committee and IT Working Group. Each Committee is comprised of one small, medium and large board member. An Office Manager also serves on the Management Committee.

Responsibilities of the Management Committee include:

- Administering shared conference rooms and shared equipment, such as copiers
- Coordinating the boards' computer collaboration efforts
- Developing recommended policies and procedures for all boards, and reviewing best practices
- Oversight of the Administrative Services Unit

Responsibilities of the Policy Committee include:

- Making recommendations to the Executive Directors Forum on issues relating to public policy.
- Reviewing legislative proposals
- Making recommendations on legislative initiatives affecting all the boards
- Undertaking efforts to make investigative data more readily available to share among health boards

Responsibilities of the Information Technology Workgroup include:

Expanding the use of electronic communications in the provision of HLB services. The Information Technology Workgroup is
responsible for coordination of HLB IT projects and implementation of technological improvements. Minnesota Electronic
Government Services has been recognized at the national level for efficient health licensing process.

RESULTS

Type of Measure	Name of Measure	Previous	Current	Dates
Quantity	Number of Registered VHCPP Facilities	13	15	2012 & 2013
Quantity	Number of Registered VHCPP Clinics	59	73	2012 & 2013

The authorizing Minnesota statute for Administrative Services Unit is Chapter 214.107 https://www.revisor.mn.gov/statutes/?id=214.107&view=chapter#stat.214.107

The authorizing Minnesota statute for Volunteer Health Care Provider Program is Chapter 214.40 <u>https://www.revisor.mn.gov/statutes/?id=214.40&view=chapter#stat.214.40</u>

Expenditures By Fund

	Actual FY12 FY13		Actual Estimate FY14 FY15		Forecast Base FY16 FY17		Governor's Recommendation FY16 FY17	
	1112	1115	1114	1115	1110		1110	
1000 - General	0	10	0	0	0	0	0	0
1201 - Health Related Boards	554	608	800	5,670	1,688	1,688	2,167	1,862
2000 - Restricted Misc Special Rev	0	0	0	285	285	285	285	285
2001 - Other Misc Special Rev	218	180	3	668	200	200	200	200
Total	772	798	803	6,623	2,173	2,173	2,652	2,347
Biennial Change				5,856		(3,080)		(2,427)
Biennial % Change				373		(41)		(33)
Governor's Change from Base								653
Governor's % Change from Base								15
Expenditures by Category								
Compensation	580	585	358	792	632	633	966	662
Operating Expenses	189	204	442	5,790	1,534	1,533	1,679	1,678
Other Financial Transactions	2	0	3	41	7	7	7	7
Grants, Aids and Subsidies		9						
Total	772	798	803	6,623	2,173	2,173	2,652	2,347
Full-Time Equivalents	7.5	7.0	5.3	5.3	5.3	5.3	5.3	5.3

Budget Activity: Administrative Service Unit

(Dollars in Thousands)

1000 - General

	Actual		Actual Estimate		Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Direct Appropriation	0	10	0	0	0	0	0	0
Cancellations		0						
Expenditures	0	10	0	0	0	0	0	0
Biennial Change in Expenditures				(10)		0		0
Biennial % Change in Expenditures				(100)		0		0
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs		0.0						

1201 - Health Related Boards

	Actual		Actual Estimate		Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16 FY17		FY16 FY17	
Balance Forward In	600	1,968	1,000	3,628				
Direct Appropriation	1,901	2,027	3,489	2,043	1,673	1,673	2,152	1,847
Open Appropriation	12	9	5	0	15	15	15	15
Receipts	9	1						
Net Transfers			(67)	0				
Cancellations		2,396						
Expenditures	554	608	800	5,670	1,688	1,688	2,167	1,862
Balance Forward Out	1,968	1,000	3,628					
Biennial Change in Expenditures				5,308		(3,095)		(2,442)
Biennial % Change in Expenditures				457		(48)		(38)
Gov's Exp Change from Base								653
Gov's Exp % Change from Base								19
FTEs	5.5	5.1	5.1	5.1	5.1	5.1	5.1	5.1

2000 - Restricted Misc Special Rev

	Actual FY12 FY 13		Actual FY 14	Estimate FY15	Forecast Base FY16 FY17		Governor's Recommendation FY16 FY17	
Receipts	0	0	0	285	285	285	285	285
Expenditures	0	0	0	285	285	285	285	285
Biennial Change in Expenditures				285		285		285
Biennial % Change in Expenditures						100		100
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0

Budget Activity: Administrative Service Unit

(Dollars in Thousands)

2001 - Other Misc Special Rev

	Actual		Actual Estimate		Forecast Base		Governor's Recommendation	
	FY12	FY 13	FY 14	FY15	FY16	FY17	FY16	FY17
Balance Forward In	382	230	471	468				
Receipts	66	420		200	200	200	200	200
Expenditures	218	180	3	668	200	200	200	200
Balance Forward Out	230	470	468					
Biennial Change in Expenditures				273		(271)		(271)
Biennial % Change in Expenditures				69		(40)		(40)
Gov's Exp Change from Base								0
Gov's Exp % Change from Base								0
FTEs	2.0	1.9	0.2	0.2	0.2	0.2	0.2	0.2