FY 2003-04 through FY 2007-08

LRPP, VOLUME II REVIEW CHECKLIST

Department and (Department Number): Agency for Health Care Administration (68)

Review Completed By [Name of OPB Analyst]: Cassie Conn

CAREFULLY review and evaluate each of the LRPP, Volume II components listed below and determine the accuracy, completeness and consistency with the LRPP Instructions. Check either "Yes" or "No" for each question AND PROVIDE COMMENTS FOR EACH QUESTION. If you respond "NO" to any question BECAUSE you have identified an error, omission, or have other concerns, you MUST provide an explanation of your specific concern(s) AND clearly identify what the agency MUST do to correct or satisfy the concern(s). If the question is not applicable, write "N/A" in the "Comments" column.

LRPP, VOLUME II COMPONENT	Yes	No	COMMENTS
PROGRAM INFORMATION			
1. Is each approved **program** included in the LRPP, Volume II?	Yes		
2. Has the agency requested any revisions to approved **programs** and/or NEW programs? *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.*		No	
3. Has the agency provided **adequate** justification for any proposed revisions to approved programs and/or for newly requested programs? **Specifically identify any proposed revisions and/or NEW programs which ARE approved by OPB.**			N/A
4. Is each **program(s)** transferred from this agency to another agency OR from another agency to this agency **adequately and correctly** identified and explained?			N/A
SERVICE INFORMATION - Service Narrative			
5. Is each approved **SERVICE** included in the LRPP, Volume II?	Yes		
6. Has the agency requested any revisions to approved **services** [including approved adjustments] and/or NEW services? *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.*		No	
7. Has the agency provided adequate justification for any proposed revisions to approved **services** and/or for newly requested services? **Specifically identify any proposed revisions to approved services and/or NEW services which ARE approved by OPB.**			N/A
8. Is EACH **service** transferred from this agency to another agency OR from another agency to this agency **adequately and correctly** identified and explained? *NOTE: If a service is being transferred FROM this agency, the agency's request for the service outcome should be blank.*			N/A
9. Does the service narrative **for each service** [approved, revised and newly requested] accurately identify the specific authority for the service [approved, revised or new]?	Yes		
10. Does the service narrative **for each service** accurately describe who is being served by the service and why?	Yes		
11. Does the service narrative **for each service** accurately describe what the service does?	Yes		

12. Does the service narrative **for each service** accurately describe what the agency intends to accomplish with the service?	Yes		
13. Does the service narrative **for each service** accurately describe the demand for the service; how the demand will be met; AND explain how much of the demand will NOT be met?	Yes		
SERVICE INFORMATION - Service Outcome			
14. Is the service outcome **for each service** the agency's highest priority outcome for the associated service? *NOTE: This outcome must be listed as the first outcome for the associated service in Appendix H [List of All Approved Performance Measures and Performance Standards - **Refer to Statewide Menu: TRAN ID = PMSR, SAVE ID = LRPP**].*	Yes		
15. Has the agency requested any change(s) to the approved **service outcome measures** OR approved **performance standards** associated to these measures? *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.*	Yes		Act 7150-Health Facilities and Practitioner Regulation - Medicaid Choice Counseling. The agency has requested that the measure be changed from 'Number of new enrollees provided Choice Counseling' to 'Number of Medicaid beneficiaries receiving assistance in plan enrollment and plan changes annually'.
16. Are the performance standards for **each** service outcome measure accurately identified for FY 2001-02 Prior Year Standard, FY 2001-02 Prior Year Actual Performance, FY 2002-03 Current Year Standard, and FY 2003-04 Agency Requested Standard? *NOTE: Check the "Final Approved Performance Measures/ Standards (FY02-03)" list for consistency.*	Yes		
SERVICE INFORMATION - 5-Year Workforce Plan Update			
17. For **each** service, has the agency updated its 5-Year Workforce Plan for EACH FISCAL YEAR during the period FY 2001-02 through FY 2005-06?	Yes		
18. For **each** service, does the agency identify the specific number of positions/FTEs by SPECIFIC ACTIVITY for EACH FISCAL YEAR during the 5-Year Workforce Plan?	Yes		
PROGRAM COMPONENT			
19. For each service, has the agency identified the correct **program component TITLE and CODE**?	Yes		
20. Is the **program component OBJECTIVE** within each service identified, correct and reasonable?	Yes		
ACTIVITY INFORMATION			
21. Are the **activities** identified for each service exactly the same as the ***Final Approved LRPP Activities (FY 02-03)*** *list* [not including newly requested activities] provided by BMP staff [after the adjustment process]? **Specifically identify any proposed revisions and/or NEW activities which ARE approved by OPB.** [*NOTE: Questions 21, 22 and 23 are to be answered together.*]		No	Act 0010-Executive Direction appears in the Children's Special Health Care service in error. This activity actually takes place in Executive Direction and Support in the Health Care Services Service. The Agency has allocated funding to this activity in the appropriate service where this activity occurs and request the movement of this activity to the appropriate service.

22. Has the agency CORRECTLY identified all statewide activities listed in the LRPP Instructions [ACT0010 - ACT0430]? **Specifically identify any approved or newly requested activity which is NOT consistent with the statewide activity titles and/or codes. For example "Executive Direction" is a statewide activity. If the agency has assigned a unique activity code for an "Executive Direction" type of activity RATHER THAN use the correct statewide code [ACT0010], it may be appropriate to require the agency to revise its LRPP, Volume II to use the correct code.** *[NOTE: Questions 21, 22 and 23 are to be answered together.]*	Yes		
23. Has the agency requested any revisions to approved **activities** and or requested any NEW activities? *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.* *[NOTE: Questions 21, 22 and 23 are to be answered together.]*	Yes		Act 7150-Health Facilities and Practitioner Regulation - Medicaid Choice Counseling. The agency has requested that the activity name be changed to Medicaid Options Enrollment Program. This change will more clearly describe the program and is more representative of the actual activities involved in this program.
24. Has the agency provided **adequate** justification for any proposed revisions to approved **activities** and/or for any newly requested activities? **Specifically identify any proposed revisions to the approved activities and/or requests for New activities which ARE approved by OPB.**	Yes		See Above.
25. Is the fiscal data entered in the correct columns for each approved activity?			
a. FY 2001-02 - **Actual** (prior year) **Expenditures?** [Column A36] *NOTE: When changes have been made to LBR Column A01 then these same adjustments must be made in Column A36.*	Yes		
b. FY 2002-03 - **Estimated Expenditures** (current year)? [Column A38]	Yes		
c. FY 2002-03 - **Estimated Expenditures** (current year) **Nonrecurring**? [Column A39]	Yes		
d. FY 2003-04 - **Agency Request**? [Column A26]	Yes		
e. FY 2003-04 - **Agency Request Nonrecurring**? [Column A27]	Yes		
26. Is the FTE AND fiscal data **for each activity [approved and newly requested]** reasonable and does it make sense? **Specifically identify any "questionable" or inadequate FTE and/or fiscal data.**	Yes		
27. For **each** activity, has the agency included demand data AND the output standard data for FY 2001-02 Actual (prior year) Expenditures? [Column A36]	Yes		Demand and Output data included where appropriate.
28. For **each** activity, has the agency included demand data AND output standard data for FY 2002-03 Estimated Expenditures (current year)? [Column A38]	Yes		Demand and Output data included where appropriate.
29. For **each** activity, has the agency included demand data AND output standard data for FY 2003-04 Agency Request? [Column A26]	Yes		Demand and Output data included where appropriate.
30. For **each** activity, in Set V1, has the agency provided the approved **UNIT COST MEASURE**?	Yes		Unit cost measurers included where appropriate.

31. In Set V1, has the agency proposed changes to any APPROVED unit cost measure(s)? **Specifically identify any proposed changes to approved unit cost measures which ARE approved by OPB.**		No	Changes to Act 7150 were requested in set V3. Original approved unit cost measure has been included in set V1 as directed by OPB.
32. For each NEW/REQUESTED activity, in Set V1, has the agency provided one meaningful AND measurable unit cost measure? **Specifically identify any NEW activity for which the agency must provide a unit cost measure.** *NOTE: OPB SHALL NOT recommend any NEW activity without a meaningful unit cost measure.*	Yes		Changes to Act 7150 were requested in set V3. Original approved unit cost measure has been included in set V1 as directed by OPB.
33. For **each** activity, in Set V1, has the agency provided/cited the **specific statutory authority** for the activity?	Yes		
34. For **each** activity, in Set V1, has the agency provided the agency's contact **name and phone number**?	Yes		
35. For **each** activity, in Set V1, has the agency clearly AND correctly identified the *Purpose of the Activity?* **Specifically identify any approved, revised or newly proposed activity for which the agency has NOT clearly identified the *Purpose of the Activity*.**	Yes		
36. For **each** activity, in Set V1, has the agency clearly AND correctly identified the *Tasks/Processes Included in the Activity?* **Specifically identify *any approved, revised or newly proposed activity for which the agency has NOT clearly identified the Tasks/Processes Included in the Activity*.**	Yes		
37. For **each** activity, Set V1, has the agency clearly AND correctly identified the *Accomplishments of the Activity?* **Specifically *identify any approved, revised or newly proposed activity for which the agency has NOT clearly identified the Accomplishments of the Activity*.**	Yes		
38. For **each** activity, in Set V1, has the agency clearly AND correctly identified the *Customers and Number of Customers Served by the Activity?* **Specifically identify any approved, revised or newly proposed activity for which the agency has NOT clearly identified the *Customers and Number of Customers served by the Activity*.**	Yes		
39. For **each** activity, in Set V1, has the agency clearly AND correctly identified the *Counties Served by the Activity?* **Specifically identify any approved, revised or newly proposed activity for which the agency has NOT clearly identified the *Counties Served by the Activity*.** ***NOTE: Activities which are implemented throughout the state are to be identified as "STATEWIDE."]***	Yes		
ACTIVITY INFORMATION - Agency Request [Set V3] Consistency With Agency 's LBR			
40. For **each** activity, does the "AGENCY REQUEST FOR FY 2003-04 NARRATIVE" identify the same specific level of funding [positions and expenditures] requested in the agency's LBR?	Yes		
41. For **each** activity, does the "AGENCY REQUEST FOR FY 2003-04 NARRATIVE" identify what will be accomplished at the requested level of funding, both short and long term?	Yes		

ACTIVITY INFORMATION - Consistency With Agency 's LBR, Schedule XI ALSO refer to the LBR Technical Review Checklist, page 6			
42. Has the agency CORRECTLY identified ALL unique pass through activities? *NOTE: No FTEs may be allocated to a unique pass through activity AND any other category associated with a unique pass through activity MUST BE CLOSELY QUESTIONED. All unique pass through activities are to be listed in Section III of the agency's LBR Schedule XI.* **Specifically identify any unique pass through activity(ies) which the agency needs to create in its LRPP.**	Yes		Act 0430 appears in the Medicaid Services to Individuals Services. Other activities allotted to this service appear here due to programming error. See audit of Schedule XI in the Agency's LBR for further explanation.
43. For EACH executive direction and support services, or executive direction, or administration, or administrative support, etc., information technology statewide ACTIVITY [*ACT0010 through ACT0430*], has the agency CORRECTLY left the output standard [record type 5] **BLANK**? **Specifically identify any executive direction/ administrative, etc., activity for which the agency has incorrectly assigned an output standard.**	Yes		
44. Does the Audit #2 for the LBR Schedule XI reveal any discrepancies for any Fixed Capital Outlay (FCO) statewide activities (ACT0210) which are to contain ONLY APPROPRIATION CATEGORIES 08XXXX OR 14XXXX? **If discrepancies are revealed, specifically identify the correction(s) which MUST be implemented in the LRPP.**		No	
45. Has the agency provided the necessary demand [record type 5] for any activities which should appear in the Schedule XI, Section II? ***NOTE: If the demand is NOT provided, the activity will then appear in the Schedule XI, Section III.***	Yes		
ACTIVITY INFORMATION - Audits			
46. Does the FY 2001-02 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? *[Refer to the Statewide Menu (STAM), TRAN ID = GENR, SAVE ID = LRP3]*	Yes		
47. Does the Estimated Expenditures information in Column A38 reconcile to Column A02? *[Refer to the Statewide Menu (STAM), TRAN ID = GENR, SAVE ID = LRP1]*	Yes		
48. Does the Nonrecurring Estimated Expenditure information in Column A39 reconcile to Column G62? *[Refer to the Statewide Menu (STAM), TRAN ID = GENR, SAVE ID = LRP2]*	Yes		
49. Does the agency's request information, including nonrecurring, in Columns A26 and A27 reconcile to the LBR agency request Columns A03/A12 and A04? *[Refer to the Statewide Menu (STAM), TRAN ID = GENR, SAVE ID = LRP2]* *NOTE: When technical adjustments have been made to the LBR Agency Request data [Columns A03/A12 and A04] then the same adjustments must be made to Columns A26 and A27 in the LRPP.*	Yes		
APPROVED PERFORMANCE MEASURES AND PERFORMANCE STANDARDS - APPENDIX H			

50. Has the agency included all the FINAL APPROVED **performance measures** and FINAL APPROVED **performance standards** exactly as identified in the FINAL APPROVED PERFORMANCE MEASURES/ STANDARDS (FY 02-03) provided by BMP staff after the conclusion of the "adjustments process"? **Specifically identify any approved performance measure and/or performance standard that is NOT CORRECTLY included in Appendix H.**	Yes		
51. Has the agency requested any revisions to approved performance MEASURES and/or performance STANDARDS **OR** any NEW proposed performance measures and performance standards? **Specifically identify any NEW or requested changes to approved performance measures and/or performance standards which ARE approved by OPB.** *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.*	Yes		Act 7150-Health Facilities and Practitioner Regulation - Medicaid Choice Counseling. The agency has requested that the measure be changed from 'Number of new enrollees provided Choice Counseling' to 'Number of Medicaid beneficiaries receiving assistance in plan enrollment and plan changes annually'.
APPENDIX J - Performance Measures Assessment Form			
52. Has the agency included a completed copy of the *Performance Measure Assessment Form* for EACH performance measure [**including unit cost measures**, but excluding newly approved, significantly revised or newly requested performance measures] for which the agency did NOT achieve its approved performance standard? **Specifically identify any performance measure AND its associated performance standard for which the agency did NOT achieve its approved performance standard AND DID NOT INCLUDE AN ADEQUATE EXPLANATION OF WHY IT DID NOT ACHIEVE ITS APPROVED PERFORMANCE STANDARD. [APPENDIX J]**	Yes		
53. Has the agency included a completed copy of the *Performance Measures Assessment Form* for EACH requested revisions to approved performance MEASURES, including unit cost measures, and/or performance STANDARDS? *NOTE: OPB staff must carefully consider all requested changes to determine if the requested changes are appropriate to include in the Governor's Recommended Budget.*	Yes		

APPENDIX K - Methodology/Validity and Reliability Form			
54. Has the agency included a completed copy of the *Performance Measure Validity and Reliability Form* [Appendix K] for EACH performance measure **INCLUDED IN THE LRPP** [including unit cost measures] ***AND*** for **each** proposed revisions to approved performance measures and/or performance standards? **Specifically identify any Performance MEASURE AND/*OR* requested change to a performance measure and/or performance standard for which the agency has NOT provided an adequately completed copy of the Appendix K form.** *NOTE: THERE MUST BE A COMPLETED COPY OF THE Performance Measure Validity and Reliability Form for ANY performance measure included in the LRPP, including unit cost measures.*	Yes		

Analyst's Signature

Policy Coordinator's Approval

Date Checklist Completed

Date Checklist Approved by Policy

NOTE: The LRPP, Volume II is used as a source of information for the Governor's Recommended Budget. It is critical that OPB analysts conduct a thorough and complete review of the DRAFT LRPP, Volume II AND provide the agencies with SPECIFIC REQUIRED REVISIONS. This LRPP, Volume II Review Checklist must be approved by BMP staff.

Approved by BMP

Date Required Revisions Provided to Agency

Date Approved

Date Agency's Required Revisions to LRPP, Volume II Must Be Submitted to OPB

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