

happen as we entered into the managed care component of Medicaid we need to try to... we lump it all together, but we also need to have some flexibility in the budgeting of Medicaid and, frankly, ultimately, what I think we need to do is recognize that Medicaid has three basic components. One is providing acute care for the low-income, well, for anybody who fits the categories. Primarily, we think of low income, and there we're focusing in on this managed care system which takes effect in July and all of us I think are watching that with great interest and perhaps with some concern to see how that moves forward. Hopefully, we will end up saving money through that process, but one is never quite sure about that. The second category is services, is Medicaid services to the developmentally disabled. That would be long-term care. ICFMR is the terminology we utilize for those that are developmentally disabled. This is a... this is a fairly large expense in the Medicaid budget and there are other elements of that in Medicaid, but serving the disabled is another major component of Medicaid. The third component of Medicaid and the one that is a subject of this amendment is long-term care and that is...when you say long-term care you can be talking about ICFMR, which is long-term care for those who are developmentally disabled, or you can talk about it in terms of the elderly, which is what we normally talk about long-term care dealing with those who are in our nursing homes. And then long-term care really also needs to be focused in on home health care as well. So what I am proposing and I've talked to Senator Wehrbein about this and I believe he supports it, is to separate out what this amendment calls for, is to separate out the long-term care element of... of the budget, of the Medicaid budget, in an attempt to better track how that expenditure is going forward and to have more... more control over it and hopefully, eventually, as I said, get into these other categories which we didn't have time to work on at this point, so, again, we can have better control over the Medicaid budget. I think... I think it's critical to try to make these distinctions and, thus, better know how the Medicaid budget is going. We...I'm very concerned about the fact that we have made efforts and made strides and had some success in controlling the Medicaid budget, but it continues to burgeon and part of the reason is, obviously, we are expanding some of the coverages and doing so I think in a manner that is of cost benefit to the State of Nebraska, and particularly here I'm talking about caretaker relative. That's another...but that's only 3 million more a year, but again the idea is that Medicaid can be utilized if targeted appropriately to serve the health needs of