

Schedule 2B
Index from Line Items to Programs
FY 06-07 Budget Request
Department: Health Care Policy and Financing

Date: November 15, 2005

Long Bill Group	Long Bill Line Item	Brief Long Bill Line Item Description	Specific State Statutory Citation (if applicable)	Cross-Reference to Program	
				Associated Programs	Page Number
(1) EXECUTIVE DIRECTOR'S OFFICE	Personal Services	All salaries and wages to full-time, part-time, or temporary employees including professional services, the State's contribution to the public employees retirement fund and the State's share of federal Medicare tax paid for state employees hired after April 1986.	24-50-101 et. seq., C.R.S. (2005) State Personnel System Act	All programs within the Department	-
	Health, Life, and Dental	This appropriation covers the cost of the State's share of the employee's health, life and dental insurance.	24-50-609, C.R.S. (2005); 24-50-611, C.R.S. (2005) State Contributions and Employer Payments and 24-50-104 (1) (a) (II), C.R.S. (2005) Job evaluation and compensation, total compensation philosophy	All programs within the Department	-
	Short-term Disability	This funds insurance coverage available for all employees and paid by the State based on payroll that provides partial payment of an employee's salary if that individual becomes disabled and cannot perform his or her work duties.	24-51-701, C.R.S. (2005) Short-term Disability and Disability Retirement and 24-50-104 (1) (a) (II), C.R.S. (2005) Job evaluation and compensation, total compensation philosophy	All programs within the Department	-
	SB 04-257 Amortization Equalization Disbursement	This appropriation reflects an increase to the effective PERA contribution rates beginning January 1, 2006 to bring the Department into compliance with 24-51-211 C.R.S. (2004).	24-51-411 Amortization equalization disbursement - repeal	All programs within the Department	-
	Salary Survey and Senior Executive Service	This is the amount appropriated to a department to cover the cost of salary increases based on the survey of job and wage classifications performed by the Department of Personnel and Administration.	24-50-104 (1) (a) (I) and (II), C.R.S. (2005) Job evaluation and compensation, total compensation philosophy	All programs within the Department	-
	Performance-based Pay Awards	This line item reflects the annual amount appropriated for periodic salary increases for State employees based on demonstrated ability for satisfactory quality and quantity of performance. Each employee undergoes an annual performance evaluation, which is used to determine potential merit based salary increases each fiscal year. Each State department must abide by parameters established by the Department of Personnel and Administration.	24-50-104 (1) © (I) - (IV) and (6), CRS (2005) Job evaluation and compensation, total compensation philosophy	All programs within the Department	-
	Workers' Compensation	Insurance coverage paid by the State for employee work-related accidents and providing compensation to employees or their survivors if the employee is injured or killed on the job.	8-40-101, C.R.S. (2005) through 8-47-209, C.R.S. (2005) and 24-30-1510.7, C.R.S. (2005) Workers' Compensation for State Employees	All programs within the Department	-
	Operating Expenses	This appropriation includes supplies, materials, phone service, printing, postage, equipment and travel necessary for the general operation and administration of the Department.		All programs within the Department	-
	Legal Services and Third Party Recovery Legal Services	The Department's representation of the cost of purchasing legal services from the Department of Law at an hourly rate set by the Governor's Office of State Planning and Budgeting.		All programs within the Department	-
	Administrative Law Judge Services	This appropriation is for the purchase of administrative law judge and paralegal services from the Division of Administrative Hearings in the Department of Personnel and Administration, and the appropriation for each affected State department is allocated as a Statewide Common Policy. The State appropriates these funds based upon actual utilization in prior years.	24-30-1002, C.R.S. (2005) and 24-30-1003, C.R.S. (2005) and 25.5-1-107 (1) (a), C.R.S. (2005)	All programs within the Department	-
	Purchases of Services from Computer Center	Funding for computer systems services provided to the Department by the General Governmental Computer Center.	26-4-403.7, C.R.S. (2005) and 24-30-1606, C.R.S. (2005)	Information Technology Contract Monitoring Section; All programs providing services to clients	N-55

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	Payment to Risk Management and Property Funds	This is a statewide allocation appropriated to pay for two programs in the Department of Personnel and Administration: The State Liability Program and the State Property Program. The allocation is based on the value of the agency's property holdings and an actuarially developed formula based on cash flow needs of each department.	24-30-1510, C.R.S. (2005) and 24-30-1510.5, C.R.S. (2005)	All programs within the Department	-
	Capitol Complex Leased Space	This is the amount allocated to the Department based on the Department's square foot usage in the Capitol Complex.	25.5-1-104, C.R.S. (2005)	All programs within the Department	-
	Commercial Leased Space	This appropriation is to provide office space for temporary staff required to implement the Medicare Modernization Act of 2003.	26-4-406.5, C.R.S. (2005)	Eligibility Section and Information Technology Support Section	N-45
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	Transfer to the Department of Human Services for Related Administration	The Department has a shared services agreement with the Department of Human Services to support 1.0 FTE for the Baby Care Program help desk and Information Technology services activities.	26-4-624 (2), C.R.S. (2005)	Department of Human Services Transfer	-
	Medicaid Management Information System Contract	Provides funding for the contract for the operation of the Medicaid Management Information System used to pay Medicaid provider claims and provide management information to assist the Department in the operation of the Medicaid program.	26-4-403.7, C.R.S. (2005) Automated medical assistance administration	Information Technology Contract Monitoring Section	N-55
	Medicaid Management Information System Reprocurement	To fund the costs of rebidding the Medicaid Management Information Systems contract.	26-4-406.5, C.R.S. (2005)	Information Technology Contract Monitoring Section	N-55
	Payment Error Rate Measurement Program	In order to improve the accuracy of Medicaid payments, this funding is to conduct a statistical sampling of billing claims for the Medicaid and Children's Basic Health Plan program to ensure that proper reimbursement payments are made. A portion of program costs is to be paid either through recoupment of overpayments or through system changes that correct improper billing amounts before the claims are paid.	26-4-105, C.R.S. (2005)	Program Integrity Section and Child Health Plan Plus Division	N-34
	Medicare Modernization Act of 2003 Colorado Benefits Management System Development Costs	This line item funds changes to the Colorado Benefits Management System, in order to implement requirements of the Medicare Modernization Act of 2003. This funding is for one time development costs.	26-4-406.5, C.R.S. (2005), 26-4-403.7, C.R.S. (2005) Automated medical assistance administration	Eligibility Systems Development Section	N-51
	Health Insurance Portability and Accountability Act of 1996 (HIPAA) Web Portal Maintenance	Costs for continued operations and maintenance of the Web Portal for access to information by medical providers and program managers within the Department. Required by federal regulations.	(Federal regulations only)	Information Technology Contract Monitoring Section	N-55
	Medicaid Authorization Cards	Provides funds to produce and mail Medical Identification Cards to eligible Medicaid recipients and Old Age Pension State Medical clients.	26-4-104 (1), C.R.S. (2005) and 26-4-106 (1), C.R.S. (2005) Verification of eligibility	Information Technology Contract Monitoring Section	N-55
	Department of Public Health and Environment Facility Survey and Certification	Funds survey and certification by the Department of Public Health and Environment of nursing facilities, hospices, home health agencies, and home and community based service agencies as required by federal regulations.	26-4-410, C.R.S. (2005)	Department of Health and Environment Transfer	-
	Acute Care Utilization Review	Funding for performing prior authorization and post payment reviews for certain services to determine medical necessity and appropriateness for those services. These reviews result in cost avoidance and recoveries of payments to providers.	26-4-116, C.R.S. (2005) Quality Measurements; 26-4-403 (2.5), C.R.S. (2005) Recoveries - overpayments - penalties - interest - adjustments	Quality Improvement Section	N-16

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	Long-Term Care Utilization Review	Funding for performing reviews for long term care services to determine medical necessity and appropriateness for those services. These reviews result in cost avoidance to providers. In addition, the utilization review contractor performs pre-admission screening and periodic continued stay reviews for Medicaid clients seeking admittance to nursing facilities and home and community based care programs. Some of the reviews for long-term care programs are required by federal regulations.	26-4-116, C.R.S. (2005) Quality Measurements	Quality Improvement Section	N-16
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	External Quality Review	The External Quality Review contract assists the Department in establishing quality measurements for services provided to Medicaid clients and administering a quality measurement system. Included in the contract scope are medical quality improvement studies, consumer surveys, data analysis and quality and utilization indicators. Contracting with an External Quality Review Organization is required under federal regulation for Medicaid programs with a major health maintenance organization component.	26-4-116, C.R.S. (2005) Quality Measurements	Quality Improvement Section	N-16
	Drug Utilization Review	Section 456.703 of the Code of Federal Regulations mandates the drug utilization review function. The purpose of the program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate and medically necessary, and not likely to result in adverse medical effects. Drug Utilization Review programs consist of prospective and retrospective drug use reviews, the application of explicit predetermined standards and an educational program.	26-4-116, C.R.S. (2005) Quality Measurements and 26-4-408, C.R.S. (2005) Prescribed drugs - utilization review; 26-4-703, C.R.S. (2005) Containment and utilization control plan, 42 C.F.R. 456	Rates Section	N-25
	Mental Health External Quality Review	The Mental Health External Quality Review contract assists the Department in establishing quality measurements for services provided to Medicaid mental health clients and administering a quality measurement system. Contracting with an External Quality Review Organization is required under federal regulation for Medicaid programs with a major health maintenance organization component. This line item was transferred from the Mental Health Long Bill group to EDO for FY 04-05 and forward.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
	Actuarial Analysis Payments for Transfer to the State Auditor's Office	Funding for the State Auditor's Office to perform an audit of the disparities in mental health capitation rates amongst the different regions in the State.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
	Early and Periodic Screening, Diagnosis, and Treatment Program	Funding for outreach and case management services for the Early and Periodic Screening, Diagnosis, and Treatment program required by federal regulations and performed via contracts and agreements with counties, local governments and other entities.	26-4-202 (1) (g), C.R.S. (2005) Basic services for the categorically needy - mandated services	Acute Care Benefits Section	N-12
	Nursing Facility Audits	For contracting with an independent accounting firm to perform audits of nursing facility cost reports for rate setting.	26-4-410 (1) (a) (I), C.R.S. (2005) and 26-4-502 (1), C.R.S. (2005) Nursing facility reimbursement	Nursing Facilities Section	N-42
	Hospital and Federally Qualified Health Clinic Audits	For contracting with an independent accounting firm for audit of cost and rate data for Medicaid hospitals, federally qualified health centers and rural health clinics. The audited cost reports are the basis for setting annual facility rates to cover the reasonable and necessary costs of an efficiently run facility per federal and State mandate.	26-4-404 (1) (a), C.R.S. (2005) Provider reimbursement rules; 26-4-405, C.R.S. (2005) Hospital reimbursement; 26-4-119 (1) (d), C.R.S. (2005) Federally Qualified Health Centers	Rates Section	N-25
	Disability Determination Services	Provides funding to contract for Medicaid disability determinations.	26-2-119.5, C.R.S. (2005) Health and medical care program - aid to the needy disabled	Operations and Finance Office	N-51

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	Nursing Home Preadmission and Resident Assessments	For screening and reviews mandated by federal law in OBRA-87 to determine appropriateness of nursing home placements for those with major mental illnesses or developmental disabilities.		Nursing Facilities Section	N-42
	Nurse Aide Certification	To pay the Department of Regulatory Agencies for the Medicaid portion of the federal requirement (OBRA-87) to certify nurse aides working in Medicaid facilities.	12-38.1-101, C.R.S. (2005) Nurse Practice Act	Department of Regulatory Agencies Transfer	-
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	Estate Recovery	A contractor operated program to recover funds from estates of Medicaid clients over age 55, who reside in nursing facilities or are the recipients of long term care. The Department contracts with a private sector entity that pursues the recoveries on a contingency fee basis.	26-4-403.3, C.R.S. (2005) Recovery of assets	Benefits Coordination Section	N-45
	Single Entry Point Administration	Funds the Department's administrative costs of training, resource materials, data and financial reporting, and staff travel to provide technical assistance to and monitoring of Single Entry Point agencies.	26-4-522 et seq., C.R.S. (2005) Single entry point system	Community Based Long Term Care Section	N-37
	Single Entry Point Audits	Funding to support annual audits of Single Entry Point agencies.	26-4-522 et seq., C.R.S. (2005) Single entry point system	Community Based Long Term Care Section	N-37
	S.B. 97-05 Enrollment Broker	Provides funding to contract for managed care enrollment and disenrollment functions for Medicaid clients in managed care organizations.	26-4-117 (1) (a) (II) & (III), C.R.S. (2005) Required features of the managed care system	Managed Care Benefits Section	N-22
	Non-Emergency Transportation Services	Provides Medicaid clients with non-emergent transportation to access their medical needs.	26-4-302 (1.5), C.R.S. (2005)	Acute Care Benefits Section	N-12
(2) MEDICAL SERVICES PREMIUMS	Services for Supplemental Security Income Adults 65 and Older (SSI 65+)	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) Mandatory provisions - eligible groups	Medical Assistance Office	N-11
	Services for Supplemental Income Adults 60 to 64 Years of Age (SSI 60-64)	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) Mandatory provisions - eligible groups	Medical Assistance Office	N-11
	Services for Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs)	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-203 (1), C.R.S. (2005) Mandated programs with special state provisions	Medical Assistance Office	N-11
	Services for Supplemental Security Income Disabled Individuals	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) Mandatory provisions - eligible groups	Medical Assistance Office	N-11
	Services for Categorically Eligible Low-income Adults	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) Mandatory provisions - eligible groups	Medical Assistance Office	N-11
	Services for Baby Care Program Adults	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-203 (1), C.R.S. (2005) Mandated programs with special state provisions	Medical Assistance Office	N-11
	Services for Breast and Cervical Cancer Treatment Clients	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-301 (1), C.R.S. (2005) Optional provisions - optional groups	Medical Assistance Office	N-11
	Services for Eligible Children	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) and 26-4-203, C.R.S. (2005)	Medical Assistance Office	N-11
	Services for Foster Children	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-201 (1), C.R.S. (2005) and 26-4-301 (1), C.R.S. (2005)	Medical Assistance Office	N-11

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	Services for Non-Citizens	Provides funding for authorized medical services provided to Medicaid eligible clients.	26-4-203 (1), C.R.S. (2005) Mandated programs with special state provisions	Medical Assistance Office	N-11
(2) MEDICAL SERVICES PREMIUMS (continued)	Medicare Modernization Act of 2003 Maintenance of Effort Payment	Beginning in January 2006 individuals fully eligible for both Medicare and Medicaid coverage will receive their drug benefits through the Medicare Modernization Act of 2003 Part D Drug Benefit Program. This program is anticipated to create prescription drug savings in the state's Medicaid program, however, these savings will be reduced by the mandatory maintenance of effort payment to the federal government.	26-4-406.5, C.R.S. (2005)	Operations and Finance Office	N-54
(3) MEDICAID MENTAL HEALTH COMMUNITY PROGRAMS	Medicaid Mental Health Capitation Base Payments	Capitation payment to mental health managed care organizations for providing services to individuals with mental illness through community-based mental health programs.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
	Medicaid Mental Health Fee for Service Payments	Provides Medicaid reimbursement to non-Mental Health Center providers (including hospitals, psychiatrists, psychologists, etc.) which are treating clients for mental health related issues.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
	Medicaid Mental Health Child Placement Agency	Provides participating MHASAs funding to provide mental health services for children placed through child placement agencies as part of a collaborative effort between counties and some Medicaid mental health providers. This line is duplicate funding elsewhere in the Long Bill to illustrate total Medicaid mental health costs.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
	Medicaid Anti-Psychotic Pharmaceuticals	Provides funding for anti-psychotic medications for mental health treatment. However, this is shown for informational purposes only, as these funds are incorporated within the Medical Services Premiums Long Bill Group. This line is duplicate funding elsewhere in the Long Bill to illustrate total Medicaid mental health costs.	26-4-123, C.R.S. (2005)	Quality Improvement Section	N-16
(4) INDIGENT CARE PROGRAM	Safety Net Provider Payments	Provides partial reimbursement to hospital and clinic providers for medical services rendered to the State's non-Medicaid, uninsured or underinsured low-income residents. Individuals have income with assets at or below 185% of the federally poverty level and are not eligible for Medicaid.	26-15-106 (1) - (5), C.R.S. (2005) designates primary medically indigent care provider for City and County of Denver and the Denver Metro Area; 26-15-104, C.R.S. (2005) Program for the medically indigent established	Safety Net Financing Section	N-67
	The Children's Hospital, Clinic Based Indigent Care	Provides funding to offset a portion of Colorado Indigent Care Program clinic-based provider's uncompensated costs to provide medical care to indigent persons. These clinics are located primarily outside the Denver metro area.	26-15-104, C.R.S. (2005) Program for the medically indigent established	Safety Net Financing Section	N-67
	Pediatric Specialty Hospital	Provides funding to offset a portion of a Medicaid clinic-based provider's uncompensated costs to provide medical care to indigent children.	26-4-201 (1), C.R.S. (2005)	Safety Net Financing Section	N-67
	H.B. 97-1304 Children's Basic Health Plan Trust	Contains the State's share of the costs of operating and providing medical, prenatal, and dental services to enrollees in the Children's Basic Health Plan are funded.	26-19-105, C.R.S. (2005) Children's Basic Health Plan Trust created and 24-75-1104.5 (1.8) (III) (c), C.R.S. (2005)	Child Health Plan Plus Division	N-84
	Children's Basic Health Plan Administration	Funds the costs of contracts to provide for the administration of the Children's Basic Health Plan.	26-19-111, C.R.S. (2005) Contracts for administration of Children's Basic Health Plan and 26-19-107 (4), C.R.S. (2005)	Child Health Plan Plus Division	N-84
	Children's Basic Health Plan Premium Costs	Funds the costs of authorized medical services to eligible low-income children and pregnant women enrolled in the Children's Basic Health Plan.	26-19-107 (1) (a) (I), C.R.S. (2005) Schedule of services for Children's Basic Health Plan - medical and 26-19-109, C.R.S. (2005)	Child Health Plan Plus Division	N-84
	Children's Basic Health Plan Dental Benefit Costs	Funds the costs of authorized dental services to eligible low-income children enrolled in the Children's Basic Health Plan.	26-19-107 (1) (a) (II), C.R.S. (2005) Schedule of services for Children's Basic Health Plan - dental	Child Health Plan Plus Division	N-84

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(4) INDIGENT CARE PROGRAM (continued)	Comprehensive Primary and Preventive Care Fund	This Fund was created by the General Assembly in FY 02-03 as a technical adjustment in order to reflect payment directly from the Tobacco Litigation Settlement Trust to the Comprehensive Primary and Preventive Care Grants Fund with subsequent appropriation to the Comprehensive Primary and Preventive Care Grants Program, reflected below.	26-4-1001, C.R.S. through 26-4-1007, C.R.S. (2005) Comprehensive Primary and Preventive Care Grant Program Act	Safety Net Financing Section	N-67
	Comprehensive Primary and Preventive Care Grants Program	A program funded through monies from the tobacco litigation settlement that provides the opportunity for low-income, uninsured Colorado residents to receive preventive health care services that otherwise they might not access. The program provides grants to health care providers to expand primary, preventive health care services to low-income, uninsured residents of Colorado.	26-4-1001, C.R.S. through 26-4-1007, C.R.S. (2005) Comprehensive Primary and Preventive Care Grant Program Act	Safety Net Financing Section	N-67
(5) OTHER MEDICAID SERVICES	Services for Old Age Pension State Medical Program Clients	A program providing medical care to clients eligible for the State Old Age Pension Program.	State Constitution, Title XXIV, Section 7 Old Age Pension Health and Medical Fund, 26-2-117, C.R.S. (2005) Old Age Pension Health and Medical Care Fund	Safety Net Financing Section	N-67
	Home Care Allowance	Provides funding for the non-Medicaid State and county funded program for direct payments to eligible persons for the purchase of services related to daily living activities necessary for the client to remain at home and prevent more restrictive and expensive placements.	25.5-1-201 (f), C.R.S. (2005) Programs administered by the Department of Health Care Policy and Financing	Safety Net Financing Section	N-67
	Adult Foster Care	Provides funding for the non-Medicaid State and county funded program that provides 24-hour residential non-medical supervision and assistance with services related to daily living activities.	26-2-122.3 (1) (a) (I), C.R.S. (2005) and 25.5-1-201 (e), C.R.S. (2005) Programs administered by the Department of Health Care Policy and Financing	Safety Net Financing Section	N-67
	University of Colorado Family Medicine Residency Training Programs	Provides Medicaid funding for the Colorado Family Medicine Residency Training Program operated by the Department of Higher Education/University of Colorado Health Sciences Center.	25-1-902 (1), C.R.S. and 25-1-903 (1) (C), C.R.S. (2005) Duties of family medicine commission	Safety Net Financing Section	N-67
	Enhanced Prenatal Care Training and Technical Assistance	Funds a program operated via an Interagency Agreement with the Department of Public Health and Environment to train health care providers in coordinating and evaluating services for at-risk pregnant women with the goal of reducing low-weight births.	See Department of Public Health and Environment Schedule 2B for Statutory Citation	Department of Public Health and Environment Transfer	-
	Nurse Home Visitor Program	Partially funds a program operated via an Interagency Agreement with the Department of Public Health and Environment. This program is funded by tobacco master settlement funds, and was created as a result of S.B. 00-71. The program offers home visits by trained nurses to first-time Medicaid mothers with incomes at or below 200 percent of the federal poverty level and services are offered through the second birthday of the child.	See Department of Public Health and Environment Schedule 2B for Statutory Citation	Department of Public Health and Environment Transfer	-
	Colorado Autism Treatment Fund	This is to provide funding for the state's share of the required expenditures for home- and community-based services for children with autism. This funding will come from an annual appropriation from the Tobacco Litigation Settlement Fund.	26-4-695, C.R.S. (2005)	Community Based Long Term Care Section	N-37
	S.B. 97-101 Public School Health Services	Reimbursement for services provided under contracts with public school districts, boards of cooperative services and state K-12 educational institutions to Medicaid eligible children in school-based health clinics.	26-4-531, C.R.S. (2005) Contracts with school districts for health services to Medicaid eligible students	Data Section	N-30
(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS	(A) Executive Director's Office - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-

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(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS (continued)	(B) Office of Information Technology Services - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Colorado Benefits Management System	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Other Office of Information Technology Services line items	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(C) Office of Operations - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(D) County Administration - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(E) Division of Child Welfare - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Administration	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Child Welfare Services	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(F) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Administration	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Mental Health Community Programs, Goebel Lawsuit Settlement	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Residential Treatment for Youth (H.B. 99-1166)	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Mental Health Institutes	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Alcohol and Drug Abuse Division, Administration	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Alcohol and Drug Abuse Division, High Risk Pregnant Women Program	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(G) Services for People with Disabilities - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Community Services Administration	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-

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	Community Services Adult Program Costs and CCMS Replacement - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Federally-matched Local Program Costs	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Regional Centers - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Regional Center Depreciation and Annual Adjustments	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	Services for Children and Families - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(H) Adult Assistance Programs; Community Services for the Elderly - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-
	(I) Division of Youth Corrections - Medicaid Funding	See Department of Human Services Schedule 2B for Description	See Department of Human Services Schedule 2B for Statutory Citation	Department of Human Services Transfer	-