

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 08-09 BUDGET REQUEST CYCLE

Schedule 13												
1331 Emergency Change Request for FY 08-09 Budget Request Cycle												
		<input type="checkbox"/> Decision Item FY 08-09			<input type="checkbox"/> Base Reduction Item FY 08-09			<input checked="" type="checkbox"/> Supplemental FY 07-08		<input type="checkbox"/> Budget Request Amendment FY 08-09		
Request Title:		Use Nursing Home Penalty Cash Fund for Closure of Grand Oaks Care Center										
Department:		Health Care Policy and Financing				Dept. Approval by:		<i>John Bartholomew</i>		Date: June 23, 2008		
Priority Number:		N/A				OSPB Approval:		<i>[Signature]</i>		Date: 6/9/08		
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	1331 Supplemental Request FY 07-08	Total Revised Request FY 07-08	Appropriation FY 08-09	Decision/ Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10	
	Fund											
Total of All Line Items	Total	2,061,396,808	2,199,430,240	466,523	2,199,896,763	2,317,412,942	0	2,317,412,942	0	2,317,412,942	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	633,377,714	693,147,345	0	693,147,345	705,026,741	0	705,026,741	0	705,026,741	0	
	GFE	343,100,000	327,500,000	0	327,500,000	369,000,000	0	369,000,000	0	369,000,000	0	
	CF	0	0	466,523	466,523	83,134,734	0	83,134,734	0	83,134,734	0	
	RF/CFE	48,860,206	76,548,470	0	76,548,470	767,998	0	767,998	0	767,998	0	
	FF	1,036,058,888	1,102,234,425	0	1,102,234,425	1,159,483,469	0	1,159,483,469	0	1,159,483,469	0	
(2) Medical Services Premiums	Total	2,061,396,808	2,199,430,240	466,523	2,199,896,763	2,317,412,942	0	2,317,412,942	0	2,317,412,942	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	633,377,714	693,147,345	0	693,147,345	705,026,741	0	705,026,741	0	705,026,741	0	
	GFE	343,100,000	327,500,000	0	327,500,000	369,000,000	0	369,000,000	0	369,000,000	0	
	CF	0	0	466,523	466,523	83,134,734	0	83,134,734	0	83,134,734	0	
	RF/CFE	48,860,206	76,548,470	0	76,548,470	767,998	0	767,998	0	767,998	0	
	FF	1,036,058,888	1,102,234,425	0	1,102,234,425	1,159,483,469	0	1,159,483,469	0	1,159,483,469	0	
Letternote revised text:												
Cash Fund name/number, Federal Fund Grant name:		Nursing Home Penalty Cash Fund / 284										
IT Request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Request Affects Other Departments:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes, List Other Departments Here:								

1331 CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	N/A
Change Request Title:	Use Nursing Home Penalty Cash Fund for Closure of Grand Oaks Care Center

SELECT ONE (click on box):

- Decision Item FY 08-09
- Base Reduction Item FY 08-09
- Supplemental Request FY 07-08
- Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests a total funds appropriation of \$466,523 from the Nursing Home Penalty Cash Fund to pay temporary management contractor fees and pay for operating expenses of Grand Oaks Care Center while the facility is closed and the contractor finds proper and safe placement for the facility's residents. The Department is required to find placement for the residents under federal law.

Background and Appropriation History:

On February 21, 2008, the Centers for Medicare and Medicaid Services (CMS) informed Grand Oaks Care Center, a 120-bed Medicaid-certified nursing facility located in Lakewood, CO, that a Standard Health and Extended Survey conducted by the Denver Regional Office had determined the facility was not in compliance with federal participation requirements. The survey found the most serious pattern of deficiencies constitutes immediate jeopardy to residents' health or safety and the facility was providing a substandard quality of care. A total of 70 deficiencies were identified to be corrected as a result of three different surveys. The remedy imposed by CMS, in addition to continued

denial of payment for new admissions, was to install a temporary manager in the facility by March 8, 2008. Grand Oaks was required to relinquish to the Contractor the authority to hire, terminate or reassign staff, obligate facility funds, alter facility procedures, and otherwise manage the facility to correct the identified deficiencies.

On March 8, 2008, a temporary management contractor was hired to oversee the plan of correction as agreed by CMS and Grand Oaks. The contract was for a minimum of 59 days, from March 8, 2008 through May 5, 2008. The contractor's scope of work contained two phases. The first phase, from March 8, 2008 through March 21, 2008, the contractor was required to assess and stabilize the situation in the facility, including determining the operating fund needs of the facility. The second phase, from March 22, 2008 through May 5, 2008, required the contractor to implement the Plan of Correction, and to implement procedures to sustain substantial compliance with the federal participation requirements.

On May 5, 2008, CMS informed Grand Oaks that their Medicare provider agreement had been terminated and that payment for clients would only continue to be made for 30 days. Per section 1902(a)(28) of the Social Security Act and 42 CFR § 442.12 (2007), the facility's Medicaid provider agreement was also terminated as of the same date. Therefore, the temporary management contractor's contract was extended in order to find proper and safe placement for the facility's residents. Once the residents have been discharged to new facilities, Grand Oaks will be closed.

General Description of Request:

The Department requests a total funds appropriation of \$466,523 to pay the temporary management contractor fees and pay for operating expenses of Grand Oaks while the contractor finds proper and safe placement for the facility's residents. Of this total, the Department requests that the total amount be funded from the Nursing Home Penalty Cash Fund ("the Fund"), created pursuant to section 25.5-6-205 (3) (a), C.R.S. (2007). There is no General Fund impact to this request. No additional matching federal funds are available for these funds.

The requested funding will be used to pay facility operating expenses for the facility for the period between May 5, 2008 and June 6, 2008, which corresponds to the 30 day period allowed by CMS after the provider agreements were terminated. Further, the requested funding will also pay for the contracted temporary manager. Funding is net of anticipated Medicaid per diem payments for clients which remain in the facility. There is no offset to Medical Services Premiums in this request; per diem payments for clients in the facility are included in the base budget, both prior to, and after their discharge to a new facility. If all residents are not transferred to a new facility by June 6, 2008, an additional request may be required.

The Fund was specifically created to provide funding for this type of relocation and closure activity. Section 25-1-107.5 (c), C.R.S. (2007) specifies that the Fund may be used for relocating residents to other facilities, maintaining the operations of a nursing facility pending correction of violations, and to close a facility. Federal regulations at 42 CFR § 488.426 (2007) require the state to arrange for the safe and orderly transfer of all Medicare and Medicaid residents to another facility. Further, federal regulations at 42 CFR § 488.442 (g) (2007) require that civil money penalties collected by the State from nursing facilities for this purpose are used for the protection of the health or property of residents in facilities that the State or the federal Centers for Medicare and Medicaid Services has found to be noncompliant.

The Fund consists of money that has been collected from nursing facilities that have had a monetary penalty assessed against the facility for substandard care. There has been no expenditure from this fund since FY 02-03. As of June 1, 2008, the balance in the Fund was \$1,801,240, and is projected to increase by \$324,705 in FY 08-09, and increase by \$384,921 in FY 09-10. If this request is approved, the current fund balance would be reduced to \$1,334,717. This request does not impact future increases to the fund and currently no additional expenditures are anticipated.

Consequences if Not Funded:

If this request is not funded, the Department will absorb this Request in the line item for Medical Services Premiums using General Fund. The Department is obligated under federal law (Title XIX of the Social Security Act, §1819(h)(4)) to provide for the safe and

orderly transfer of the residents. Therefore, the Department has already contracted with the temporary management agency and is required to make payments for services performed.

Calculations for Request:

Summary of Request FY 07-08	Total Funds	General Fund	Cash Funds	Federal Funds
Total Request (2) Medical Services Premiums	\$466,523	\$0	\$466,523	\$0

Contractor Fees	Total
Phase I - Initial Assessment	\$25,000
Phase II - Implement Plan of Correction	\$75,000
Phase III - Relocate Residents and Close Facility	\$35,000
<i>Subtotal Contractor Fees</i>	<i>\$135,000</i>
Operating Expenses	
Payroll and Temporary Nurse Staffing	\$468,991
Medical and Equipment Expenses	\$14,695
Administration Expenses	\$110,389
Insurance	\$27,918
<i>Subtotal Operating Expenses</i>	<i>\$621,993</i>
Facility Revenue	
Medicaid Receipts	(\$279,470)
Payment Payment/SSI Receipts	(\$4,000)
Private Pay Receipts	(\$7,000)
<i>Subtotal Facility Revenue</i>	<i>(\$290,470)</i>
Grand Total	\$466,523

<u>Assumptions for Calculations:</u>	Estimates for the facility's operating expenditures have been supplied by the temporary management contractor, and reviewed by the Department. The total amount required to relocate these patients may differ from the amount of this request. If necessary, the Department may submit an additional budget action to account for any differences.
<u>Impact on Other Government Agencies:</u>	None.
<u>Cost Benefit Analysis:</u>	This Request will prevent General Fund expenditure of \$466,523. A like amount will be spent from the Nursing Home Penalty Cash Fund, which was specifically created for this purpose.
<u>Statutory and Federal Authority:</u>	<p>25-1-107.5, C.R.S. (2007)</p> <p><i>(4) (c) Circumstances which shall be considered as a basis for distribution from the nursing home penalty cash fund include paying costs to:</i></p> <p><i>(I) Relocate residents to other facilities;</i></p> <p><i>(II) Maintain the operation of a nursing facility pending correction of violations;</i></p> <p><i>(III) Close a nursing facility;</i></p> <p><i>(IV) Reimburse residents for personal funds lost.</i></p> <p>42 U.S.C. 1395i-3 (h) (2007)</p> <p><i>(4) Immediate termination of participation for facility where secretary finds noncompliance and immediate jeopardy.—If the Secretary finds that a skilled nursing facility has not met a requirement of subsection (b), (c), or (d), and finds that the failure immediately jeopardizes the health or safety of its residents, the Secretary shall take immediate action to remove the jeopardy and correct the deficiencies through the remedy specified in paragraph (2)(B)(iii), or the Secretary shall terminate the facility's participation under this title. If the facility's participation under this title is terminated, the State shall provide for the safe and orderly transfer of the residents eligible under this title consistent with the requirements of subsection (c)(2).</i></p>
<u>Performance Measures:</u>	Not applicable.

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 08-09 BUDGET REQUEST CYCLE

Schedule 13												
1331 Emergency Change Request for FY 08-09 Budget Request Cycle												
		<input type="checkbox"/> Decision Item FY 08-09			<input type="checkbox"/> Base Reduction Item FY 08-09			<input checked="" type="checkbox"/> Supplemental FY 07-08		<input type="checkbox"/> Budget Request Amendment FY 08-09		
Request Title:		Transfer Excess State Contribution Payment Funding										
Department:				Dept. Approval by:				John Bartholomew <i>JB</i>		Date:		June 23, 2008
Priority Number:				OSPB Approval:				<i>mu 36</i>		Date:		<i>6/19/08</i>
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	1331 Supplemental Request FY 07-08	Total Revised Request FY 07-08	Appropriation FY 08-09	Decision/ Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10	
	Fund											
Total of All Line Items		Total(1)	72,494,301	72,095,010	(554,908)	71,540,102	81,155,195	0	81,155,195	0	81,155,195	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	72,494,301	72,095,010	(554,908)	71,540,102	81,155,195	0	81,155,195	0	81,155,195	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE	0	0	0	0	0	0	0	0	0	0	
	FF	0	0	0	0	0	0	0	0	0	0	
(5) Other Medical Services												
Medicare Modernization Act of 2003 State Contribution Payment		Total	72,494,301	72,095,010	(554,908)	71,540,102	81,155,195	0	81,155,195	0	81,155,195	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	72,494,301	72,095,010	(554,908)	71,540,102	81,155,195	0	81,155,195	0	81,155,195	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE	0	0	0	0	0	0	0	0	0	0	
	FF	0	0	0	0	0	0	0	0	0	0	
(1) The Department further requests that the reduced funds be transferred to the Controlled Maintenance Trust Fund. Letternote revised text: Cash Fund name/number, Federal Fund Grant name: IT Request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Affects Other Departments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, List Other Departments Here:												

1331 EMERGENCY CHANGE REQUEST for FY 08-09 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	N/A
Change Request Title:	Transfer Excess State Contribution Payment Funding

SELECT ONE (click on box):

- Decision Item FY 08-09
- Base Reduction Item FY 08-09
- Supplemental Request FY 07-08
- Budget Request Amendment FY 08-09

SELECT ONE (click on box):

Supplemental or Budget Request Amendment Criterion:

- Not a Supplemental or Budget Request Amendment
- An emergency
- A technical error which has a substantial effect on the operation of the program
- New data resulting in substantial changes in funding needs
- Unforeseen contingency such as a significant workload change

Short Summary of Request:

The Department requests a reduction of \$554,908 General Fund to the (5) Other Medical Services, Medicare Modernization Act of 2003 State Contribution Payment line item and that \$554,908 General Fund is transferred to the Controlled Maintenance Trust Fund in FY 2007-08.

Background and Appropriation History:

On January 1, 2006, the federal Centers for Medicare and Medicaid Services (CMS) assumed responsibility for the Part D prescription drug benefit replacing the Medicaid prescription drug coverage for dual eligible clients. In lieu of the states' obligation to cover prescription drugs for this population, the federal Centers for Medicare and Medicaid Services began requiring states to pay a portion of what their anticipated dual eligible drug cost would have been had this cost shift not occurred. In January 2006, states began to pay the Centers for Medicare and Medicaid Services these "clawback" payments. The payments were calculated by taking 90% of the federal portion of each state's average per capita dual eligible drug benefit from calendar year 2003, inflated to 2006 using the average growth rate from the National Health Expenditure per capita drug

expenditures. This inflated per capita amount is multiplied by the number of dual eligible clients including retroactive clients back to January 2006. As each calendar year passes, the 90% factor is lowered by 1.67% each year, which is known as the phasedown percentage, until it reaches 75%, where it will remain starting in 2015. In addition, the Centers for Medicare and Medicaid Services inflate each state's per capita rates based on either the National Health Expenditures' growth or actual growth in Part D expenditures. In FY 05-06, the Department expended \$31,461,626 for 6 months of payments. In FY 06-07 the Department expended \$72,494,301 for a full year of payments.

The Department is currently appropriated \$72,095,010 General Fund for FY 07-08, which consists of \$76,719,821 General Fund from the Long Bill (SB 07-239) and a reduction of \$7,173,368 General Fund from the Department of Health Care Policy and Financing's Cash Accounting Bill (SB 07-133). SB 07-133 changed the accounting for the payment from accrual to cash resulting in a one-time savings by shifting the June 2008 payment, which is billed in July 2008, to FY 08-09. The FY 07-08 appropriation also includes Supplemental Request 4, Increase Funding for State Contribution Payment, in the Department's FY 07-08 Supplemental Requests and FY 08-09 Budget Request Amendments, February 15, 2008 (page S.4-1) which requested an increase of \$2,548,557 General Fund for this line item. The requested additional funding was appropriated in the Long Bill (HB 08-1375) add-ons.

General Description of Request:

The Department requests a reduction of \$554,908 General Fund to the (5) Other Medical Services, Medicare Modernization Act of 2003 State Contribution Payment line item and that \$554,908 General Fund is transferred to the Controlled Maintenance Trust Fund in FY 2007-08.

The reduction request is a result of smaller caseload growth over that last 6 months than what was forecast.

Consequences if Not Funded:

If the funds in the allocation are not transferred to the Controlled Maintenance Trust Fund, the funds will revert back to General Fund.

Calculations for Request:

Summary of Request FY 07-08	Total Funds	General Fund	Cash Funds Exempt	Federal Funds
Total Request (5) Other Medical Services, Medicare Modernization Act of 2003 State Contribution Payment	(\$554,908)	(\$554,908)	\$0	\$0

Derivation of FY 07-08 Spending Authority	
Bill	Spending Authority (General Fund)
FY 07-08 Long Bill (SB 07-239) Total Amount	\$76,719,821
HCPF Cash System Of Accounting (SB 07-133) Incremental Decrease	(\$7,173,368)
FY 08-09 Long Bill (HB 08-1375) Incremental Increase	\$2,548,557
Total FY 07-08 Spending Authority	\$72,095,010

FY 07-08 Actual Invoice Amounts	
Month	Invoice Amount (General Fund)
July 2007	\$6,025,109
August 2007	\$6,195,893
September 2007	\$6,206,296
October 2007	\$8,082,687
November 2007	\$6,404,718
December 2007	\$6,359,429
January 2008	\$6,481,467
February 2008	\$6,491,429
March 2008	\$6,372,029
April 2008	\$6,365,941
Total	\$64,984,998

Projected Invoice Amounts for Remainder FY 07-08	
Month	Amount (General Fund)
May 2008	\$6,555,104
Total Projected Expenditures for FY 07-08	\$71,540,102
Total Appropriation	\$72,095,010
Expected Over-Funding	\$554,908

<u>Assumptions for Calculations:</u>	The Department has received invoices for the months of July 2007 through April 2008. The expected amount of the May 2008 invoice is based on the Department's expenditure forecast models. The Department expects to receive the May 2008 invoice on or before June 13, 2008, at which time the exact amount of the over-funding will be known.
<u>Impact on Other Government Agencies:</u>	None.
<u>Cost Benefit Analysis:</u>	Not applicable.
<u>Statutory and Federal Authority:</u>	<p>42 CFR 423.908: <i>Phased-down State contribution to drug benefit costs assumed by Medicare. This subpart sets forth the requirements for State contributions for Part D drug benefits based on full-benefit dual eligible individual drug expenditures.</i></p> <p>42 CFR 423.910 (a) General rule: <i>Each of the 50 States and the District of Columbia is required to provide for payment to CMS a phased-down contribution to defray a portion of the Medicare drug expenditures for individuals whose projected Medicaid drug coverage is assumed by Medicare Part D.</i></p> <p>42 CFR 423.910 (b) (2) Method of payment: <i>Payments for the phased down State contribution begins in January 2006, and are made on a monthly basis for each subsequent month. State payment must be made in a manner specified by CMS that is similar to the manner in which State payments are made under the State Buy-in Program except that all payments must be deposited into the Medicare Prescription Drug Account in the Federal Supplementary Medical Insurance Trust Fund. The policy on collection of the Phased-down State contribution payment is the same as the policy that governs collection of Part A and Part B Medicare premiums for State Buy-in.</i></p> <p>42 CFR 423.910 (g) Annual per capita drug expenditures. <i>CMS notifies each State no later than October 15 before each calendar year, beginning October 15, 2005, of their annual per capita drug payment expenditure amount for the next year.</i></p>

25.5-4-105, C.R.S. (2008) *Nothing in this article or articles 5 and 6 of this title shall prevent the state department from complying with federal requirements for a program of medical assistance in order for the state of Colorado to qualify for federal funds under Title XIX of the social security act and to maintain a program within the limits of available appropriations.*

25.5-5-503, C.R.S. (2008) *(1) The state department is authorized to ensure the participation of Colorado medical assistance recipients, who are also eligible for medicare, in any federal prescription drug benefit enacted for medicare recipients. (2) Prescribed drugs shall not be a covered benefit under the medical assistance program for a recipient who is eligible for a prescription drug benefit program under medicare; except that, if a prescribed drug is not a covered Part D drug as defined in the “Medicare Prescription Drug, Improvement, and Modernization Act of 2003”, Pub.L. 108-173, the prescribed drug may be a covered benefit if it is otherwise covered under the medical assistance program and federal financial participation is available.*

Performance Measures:

Not applicable.

Schedule 13												
1331 Emergency Change Request for FY 08-09 Budget Request Cycle												
		<input type="checkbox"/> Decision Item FY 08-09			<input type="checkbox"/> Base Reduction Item FY 08-09			<input checked="" type="checkbox"/> Supplemental FY 07-08		<input type="checkbox"/> Budget Request Amendment FY 08-09		
Request Title:		DHS - DDD The Resource Exchange Assistance										
Department:		Health Care Policy and Financing				Dept. Approval by:		John Bartholomew <i>JB</i>		Date: June 23, 2008		
Priority Number:		N/A				OSPB Approval:		<i>John Bartholomew</i>		Date: 6/9/08		
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	1331 Supplemental Request FY 07-08	Total Revised Request FY 07-08	Appropriation FY 08-09	Decision/ Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10	
	Fund											
Total of All Line Items	Total	227,654,578	271,884,955	(3,982,060)	267,902,895	300,903,609	0	300,903,609	0	300,903,609	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	113,243,366	135,397,721	(1,991,030)	133,406,691	149,835,764	0	149,835,764	0	149,835,764	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	RF/CFE	32,364	512,398	0	512,398	583,199	0	583,199	0	583,199	0	
	FF	114,378,848	135,974,836	(1,991,030)	133,983,806	150,484,646	0	150,484,646	0	150,484,646	0	
(6) Department of Human Services Medicaid-Funded Programs (F) Services for People with Disabilities, Developmental Disability Services - Medicaid Funding, Community Services Program Costs		Total	227,654,578	271,884,955	(3,982,060)	267,902,895	0	300,903,609	0	300,903,609	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	113,243,366	135,397,721	(1,991,030)	133,406,691	149,835,764	0	149,835,764	0	149,835,764	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	RF/CFE	32,364	512,398	0	512,398	583,199	0	583,199	0	583,199	0	
	FF	114,378,848	135,974,836	(1,991,030)	133,983,806	150,484,646	0	150,484,646	0	150,484,646	0	
Letternote revised text:												
Cash Fund name/number, Federal Fund Grant name:				Federal Funds: Medicaid (Title XIX)								
IT Request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Request Affects Other Departments:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Other Departments Here:			Department of Human Services				

Schedule 13												
1331 Emergency Change Request for FY 08-09 Budget Request Cycle												
		<input type="checkbox"/> Decision Item FY 08-09			<input type="checkbox"/> Base Reduction Item FY 08-09			<input checked="" type="checkbox"/> Supplemental FY 07-08		<input type="checkbox"/> Budget Request Amendment FY 08-09		
Request Title:		DHS - OITS Colorado Benefits Management System (CBMS) Refinancing FY 2005-06										
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew <i>JB</i>		Date:		June 8, 2008	
Priority Number:		N/A			OSPB Approval:		<i>JMZ</i>		Date:		6/6/08	
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 06-07	Appropriation FY 07-08	1331 Supplemental Request FY 07-08	Total Revised Request FY 07-08	Base Request FY 08-09	Decision/ Base Reduction FY 08-09	November 1 Request FY 08-09	Budget Amendment FY 08-09	Total Revised Request FY 08-09	Change from Base (Column 5) FY 09-10	
Total of All Line Items	Total	0	359,018	659,296	1,018,314	0	0	0	0	0	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE	0	0	0	0	0	0	0	0	0	0	
	FF	0	359,018	659,296	1,018,314	0	0	0	0	0	0	
(6) DHS Medicaid Funded Programs - (B) Office of Information Technology Services, CBMS Federal Reallocation	Total	0	359,018	659,296	1,018,314	0	0	0	0	0	0	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE	0	0	0	0	0	0	0	0	0	0	
	FF	0	359,018	659,296	1,018,314	0	0	0	0	0	0	
Letternote revised text:		Funding provided by the Department of Treasury reserved through HB 07-1359 will represent the State share.										
Cash Fund name/number, Federal Fund Grant name:		FF: Title XIX										
IT Request:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Request Affects Other Departments:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Other Departments Here: Department of Human Services, Department of Treasury										