

**Schedule 5
Line Item to Statute
FY 08-09 Budget Request
Department: Health Care Policy and Financing**

Date: November 1, 2007

Long Bill Group	Long Bill Line Item	Brief Long Bill Line Item Description	Specific State Statutory Citation (if applicable)
(1) EXECUTIVE DIRECTOR'S OFFICE	Personal Services	All salaries and wages to full-time, part-time, or temporary employees including professional services contracts, 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. (2007) State Personnel System Act
	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. (2007); 24-50-611, C.R.S. (2007) State Contributions and Employer Payments and 24-50-104 (1) (a) (II), C.R.S. (2007) Job evaluation and compensation, total compensation philosophy
	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. (2007) Short-term Disability and Disability Retirement and 24-50-104 (1) (a) (II), C.R.S. (2007) Job evaluation and compensation, total compensation philosophy
	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. (2007).	24-51-411, C.R.S. (2007) Amortization equalization disbursement - repeal
	Supplemental Amortization Equalization Disbursement	This line reflects an increase to the effective PERA contribution rates and will be funded though the Salary Survey and Senior Executive Service appropriation beginning January 1, 2008 to bring the Department into compliance with 24-51-211 C.R.S. (2007).	24-51-411, C.R.S. (2007) Amortization equalization disbursement - repeal
	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. (2007) Job evaluation and compensation, total compensation philosophy
	Performance Achievement 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) (c) (I) - (IV) and (6), CRS (2007) Job evaluation and compensation, total compensation philosophy
	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. (2007) through 8-47-209, C.R.S. (2007) and 24-30-1510.7, C.R.S. (2007) Workers' Compensation for State Employees
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	Operating Expenses	This appropriation includes supplies, materials, phone service, printing, postage, equipment and travel necessary for the general operation and administration of the Department.	N/A

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	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.	N/A
	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. (2007) and 24-30-1003, C.R.S. (2007) and 25.5-1-107 (1), C.R.S. (2007)
	Purchases of Services from Computer Center	Funding for computer systems services provided to the Department by the General Governmental Computer Center.	25.5-4-204, C.R.S. (2007) and 24-30-1606, C.R.S. (2007)
	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. (2007) and 24-30-1510.5, C.R.S. (2007)
	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. (2007) and 24-30-1303, C.R.S. (2007)
	Leased Space	This appropriation is to provide office space for required staff.	25.5-1-104, C.R.S. (2007)
	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.	25.5-5-205, C.R.S. (2007)
	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.	25.5-4-204, C.R.S. (2007) Automated medical assistance administration
	Medicaid Management Information System Reprocurement	To fund the costs of rebidding the Medicaid Management Information Systems contract.	25.5-4-204, C.R.S. (2007)
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	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.	25.5-4-105, C.R.S. (2007) Federal Requirements under Title XIX

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	Health Insurance Portability and Accountability Act of 1996 (HIPAA) National Provider Identifier Assessment and Implementation	Provides for changes to medical providers identification codes for Medicaid medical claims processing. Required by federal regulations.	25.5-4-105, C.R.S. (2007) Federal Requirements under Title XIX
	Medical Identification Cards	Provides funds to produce and mail Medical Identification Cards to eligible Medicaid recipients and Old Age Pension State Medical clients.	25.5-4-102, C.R.S. (2007) and 25.5-4-104, C.R.S. (2007) Verification of eligibility
	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.	25-1.5-103 (1), C.R.S. (2007)
	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.	25.5-5-405, C.R.S. (2007) Quality Measurements; 25.5-4-301(2), C.R.S. (2007) Recoveries - overpayments - penalties - interest - adjustments
	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.	25.5-5-405, C.R.S. (2007) Quality Measurements
(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.	25.5-5-405, C.R.S. (2007) Quality Measurements

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	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.	25.5-5-405, C.R.S. (2007) Quality Measurements and 25.5-5-506, C.R.S. (2007) Prescribed drugs - utilization review
	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 health maintenance organization component. This line item was transferred from the Mental Health Long Bill group to EDO for FY 04-05 and forward.	25.5-5-411, C.R.S. (2007)
	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.	25.5-5-411, C.R.S. (2007)
	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.	25.5-5-102 (1) (g), C.R.S. (2007) Basic services for the categorically needy - mandated services
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	Nursing Facility Audits	For contracting with an independent accounting firm to perform audits of nursing facility cost reports for rate setting.	25.5-6-204, C.R.S. (2007) Providers - reimbursement - fees - nursing facility; 25.5-6-207 (2), C.R.S. (2007) and 25.5-6-201 (1), C.R.S. (2007) Nursing facility reimbursement
	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.	25.5-4-401 (1) (a), C.R.S. (2007) Provider reimbursement rules; 25.5-4-402, C.R.S. (2007) Hospital reimbursement; 25.5-5-408 (1) (d), C.R.S. (2007) Federally Qualified Health Centers
	Disability Determination Services	Funding to conduct federally mandated disability determinations for individuals waiting for eligibility determination of Supplemental Security Income or, if not financially eligible for Supplemental Security Income, those who were potentially eligible for Medicaid due to a disability.	25.5-4-105, C.R.S. (2007) Federal Requirements under Title XIX

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	Nursing Home Preadmission and Resident Assessments	For screenings 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. Also funds training for community mental health centers to ensure the screenings and reviews are properly conducted.	25.5-6-104, C.R.S. (2007) Long-term care placements - comprehensive and uniform client assessment instrument - long-term care access study - legislative declaration
	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. (2007) Nurse Practice Act
	Department of Regulatory Agency In-Home Support Review	To pay the Department of Regulatory Agencies for the Sunset Review of the in-home support services program	24-34-104 (39) (b) (XV), C.R.S. (2007) and 24-34-104.5, C.R.S. (2007) General Assembly Sunrise Review of New Regulation of Occupations and Professions
	Nursing Facility Appraisals	Funding for appraisals of nursing facilities every four years.	25.5-6-203, C.R.S. (2007)
	Primary Care Provider Rate Task Force and Study	Funding to work with the provider community to examine any issues of rate disparity and rate shortfalls for physician and acute care providers.	25.5-4-401, C.R.S. (2007)
	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.	25.5-4-301, C.R.S. (2007) Recovery of assets
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	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.	25.5-6-106, C.R.S. (2007) Single entry point system and 25.5-6-107, C.R.S (2007) Financing of single entry point system
	Single Entry Point Audits	Funding to support annual audits of Single Entry Point agencies.	25.5-6-106, C.R.S. (2007) Single entry point system and 25.5-6-107, C.R.S (2007) Financing of single entry point
	SB. 97-05 Enrollment Broker	Provides funding to contract for managed care enrollment and disenrollment functions for Medicaid clients in managed care organizations.	25.5-5-406 (1) (a) (II) & (III), C.R.S. (2007) Required features of the managed care system
	County Administration	Provides funding to departments for performing medical assistance activities	25.5-1-120, C.R.S. (2007)
	County Administration - Administrative Case Management Payments to Counties	Provides funding for case management related to the protection and care for children.	25.5-1-120, C.R.S. (2007)
	School District Eligibility Determination	Provides funding to create a demonstration project to make eligibility determinations for the Medicaid and Children's Basic Health Plan in three school districts.	25.5-4-205, C.R.S. (2007) Verification of Eligibility
	Public School Health Service Administration	Allows school districts to finance health services through receipt of matching federal funds for Medicaid services provided by qualified Medicaid providers to Medicaid-eligible children.	25.5-5-318, C.R.S. (2007)

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	Payment Error Rate Measurement Project	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 are to be paid either through recoupment of overpayments or through system changes that correct improper billing amounts before the claims are paid.	25.5-4-105, C.R.S. (2007) Federal Requirements under Title XIX
	Non-Emergency Transportation Services	Provides Medicaid clients with non-emergent transportation to access their medical needs.	25.5-5-202 (2), C.R.S. (2007)
	Prepaid Inpatient Hospital Plan Feasibility Study	Provides funding to investigate administrative issues surrounding the use of Prepaid Inpatient Health Plans (PIHPs.) These issues include the following: (1) allowing contractors to bill electronically for services provided, (2) evaluating staffing requirements for administrative tasks such as calculating quality incentive payments and program quality, and (3) investigating federal and state compliance issues related to managed care. This is one time funding for FY 07-08.	25.5-5-407.5, C.R.S. (2007) Prepaid Inpatient Health Plan Agreements - Rules
(1) EXECUTIVE DIRECTOR'S OFFICE (continued)	Colorado Cares Rx Program - CBMS Contract	Provide funding for CBMS changes necessary to implement the Colorado Cares Rx Program. This program is designed to provide generic prescription drugs to uninsured low income households to eligible persons at discounted rates	25.5-2.5-101 through 25.5-2.5-106, C.R.S. (2007) Prescription Drug Program
	Colorado Cares Rx Program - Third Party Vendor	Provide funding for a third party vendor to determine eligibility and redetermination for the program, providing a discount prescription drug card and collection of fees from all applicants.	25.5-2.5-101 through 25.5-2.5-106, C.R.S. (2007) Prescription Drug Program
(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.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups
	Services for Supplemental Security Income Adults (SSI 60 - 64)	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups
	Services for Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs)	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups; 25.5-5-103 (1), C.R.S. (2007) Mandated programs with special state provisions
	Services for Supplemental Security Income Disabled Individuals	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups
	Services for Categorically Eligible Low-Income Adults	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups
	Services for Baby Care Program Adults	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-201 (1), C.R.S. (2007) Optional provisions - optional groups

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	Services for Breast and Cervical Cancer Treatment Clients	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-201 (1), C.R.S. (2007) Optional provisions - optional groups
	Services for Expansion Health Care Low-Income Adult Clients	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups; 25.5-5-103 (1), C.R.S. (2007) Mandated programs with special state provisions
	Services for Eligible Children	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups; 25.5-5-201 (1), C.R.S. (2007) Optional provisions - optional groups
	Services for Foster Children	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2007) Mandatory provisions - eligible groups; 25.5-5-201 (1), C.R.S. (2007) Optional provisions - optional groups
	Services for Non-Citizens	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-103 (1), C.R.S. (2007) Mandated programs with special state provisions
(3) MEDICAID MENTAL HEALTH COMMUNITY PROGRAMS	(A) Mental Health Capitation Payments Medicaid Eligible Clients	Capitation payment to mental health managed care organizations for providing services to individuals with mental illness through community-based mental health programs.	25.5-5-411, C.R.S. (2007)
	(B) Other Medicaid Mental Health Payments 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.	25.5-5-411, C.R.S. (2007)
	(B) Other Medicaid Mental Health Payments 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.	25.5-5-411, C.R.S. (2007)
(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 250% of the federally poverty level and are not eligible for Medicaid.	25.5-3-108 (1) - (5), C.R.S. (2007) designates primary medically indigent care provider for City and County of Denver and the Denver Metro Area; 25.5-3-104, C.R.S. (2007) Program for the medically indigent established
	Colorado Health Care Services Fund	Fund that distributes money to Denver Health, Certified Health Care Providers, and Private Primary Care Clinics that provide indigent adults with primary care to prevent emergency hospitalization.	25.5-3-112, C.R.S. (2007)
	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.	25.5-3-104, C.R.S. (2007) Health Care Services Fund-Creation-State Plan Amendment

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	Colorado Health Care Services Programs	Provides funding for clinics operated by licensed or certified health care facilities (hospitals) and federally qualifying health centers.	25.5-3-112 (2)(a), C.R.S. (2007) and 25.5-3-112 (2)(b)(I), C.R.S. (2007)
	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.	24-22-117 (2) (e), C.R.S. (2007) Pediatric Specialty Hospital Fund created; 24-22-117 (1) (c) (I) (B), C.R.S. (2007)
	HB 05-1262 Appropriation from the General Fund to Pediatric Special Hospital Fund	Augments hospital reimbursement rates for regional pediatric trauma centers.	24-22-117 (1) (c) (I) (B), C.R.S. (2007)
(4) INDIGENT CARE PROGRAM (continued)	HB 05-1262 Appropriation from the Tobacco Tax Cash Fund to the General Fund	Provides revenue from the Tobacco Tax Cash Fund to the State's General Fund for health-related purposes.	24-22-117 (1) (c), C.R.S. (2007)
	Primary Care Fund Program	Provides funding to health care providers that provide services to Colorado's low income uninsured or underinsured citizens.	25.5-3-301, C.R.S. (2007) through 25.5-3-303, C.R.S. (2007) Primary Care Fund
	HB 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.	25.5-8-105, C.R.S. (2007). Children's Basic Health Plan Trust created
	Children's Basic Health Plan Administration	Funds the costs of contracts to provide for the administration of the Children's Basic Health Plan.	25.5-8-111, C.R.S. (2007) Contracts for administration of Children's Basic Health Plan and 25.5-8-107 (4), C.R.S. (2007)
	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.	25.5-8-107 (1) (a) (I), C.R.S. (2007) Schedule of services for Children's Basic Health Plan - medical; 25.5-8-109, C.R.S. (2007)
	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.	25.5-8-107 (1) (a) (II), C.R.S. (2007) Schedule of services for Children's Basic Health Plan - dental; 25.5-8-109, C.R.S. (2007)
	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.	25.5-3-201, C.R.S. (2007) through 25.5-3-207, C.R.S. (2007) Comprehensive Primary and Preventive Care Grant Program Act
(5) OTHER MEDICAL 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, 25.5-2-101, C.R.S. (2007) Old Age Pension Health and Medical Care Fund - Supplemental Old Age Pension Health and Medical Care Fund

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	HB 05-1262 Transfer of Tobacco Tax Cash Fund into the Supplemental Old Age Pension State Medical Fund	Provides additional funding for services for Old Age Pension State Medical Program clients which provides 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, 24-22-117 (1) (c), C.R.S. (2007) Old Age Pension Health and Medical Care Fund - Supplemental Old Age Pension Health and Medical Care Fund
	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. (2007) and 25-1-903 (1) (C), C.R.S. (2007) Duties of family medicine commission
(5) OTHER MEDICAL SERVICES (continued)	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 5 for Statutory Citation
	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 SB. 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 5 for Statutory Citation
	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.	25.5-6-805, C.R.S. (2007)
	SB 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.	25.5-5-318, C.R.S. (2007) Contracts with school districts for health services to Medicaid eligible students
	Medicare Modernization Act of 2003 State Contribution Payment	Funding is for a percentage of prescription drug costs associated with dual eligible clients. These drug expenditures are now part of the federal Medicare program.	25.5-4-105, C.R.S. (2007) Federal Requirements under Title XIX
(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS	All Line Items	See Department of Human Services Schedule 5 for Description.	See Department of Human Services Schedule 5 for Statutory Citation