

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(A) General Administration							
Personal Services							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$19,015,961	273.2	\$7,876,614	\$0	\$731,501	\$1,557,401	\$8,850,445
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid FY 2008-09 Appropriation	\$235,530	1.0	\$117,765	\$0	\$0	\$0	\$117,765
SB 08-155 Centralize Information Technology Management in the Office of Information Technology FY 2008-09 Appropriation	\$0	(1.5)	\$0	\$0	\$0	\$0	\$0
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	(\$19,879)	\$0	\$19,879	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$203,323)	(3.8)	\$6,655	\$0	(\$216,632)	\$0	\$6,654
FY 2008-09 Supplemental Request	\$19,048,168	268.9	\$7,981,155	\$0	\$534,748	\$1,557,401	\$8,974,864
HB 08-1114 Annualization "Reimbursement of Nursing Facilities Under Medicaid"	(\$129,828)	1.0	(\$117,765)	\$0	\$52,851	\$0	(\$64,914)
Annualization of FY 2008-09 DI#7: "Additional FTE to Restore Department Efficiency and Functionality"	\$91,782	1.6	\$45,891	\$0	\$0	\$0	\$45,891
Annualization of FY 2008-09 DI#9: "Information Technology Replacement Plan"	(\$27,500)	0.0	(\$13,750)	\$0	\$0	\$0	(\$13,750)
Annualization of FY 2008-09 BA#3: "Implement Preferred Drug List"	\$3,827	0.1	\$1,914	\$0	\$0	\$0	\$1,913
Annualization of FY 2008-09 BA#5: "Implement Mental Health Audit Findings"	(\$125,000)	0.0	(\$62,500)	\$0	\$0	\$0	(\$62,500)
Annualization of FY 2008-09 BA#9: "Efficiencies in Medicaid Cost Avoidances and Provider Recoveries"	\$41,194	0.5	\$20,597	\$0	\$0	\$0	\$20,597
Annualization of FY 2008-09 BA#12: "Efficiencies in Pharmaceuticals through the Expansion of 340B Pricing"	\$6,066	0.1	\$3,033	\$0	\$0	\$0	\$3,033
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits" Adjustment	\$0	0.0	\$19,879	\$0	(\$19,879)	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$203,323	3.8	(\$6,655)	\$0	\$216,632	\$0	(\$6,654)
Prior Year Salary Survey	\$676,435	0.0	\$304,849	\$0	\$10,395	\$21,487	\$339,704
Prior Year Performance-based Pay	\$200,989	0.0	\$89,872	\$0	\$3,534	\$7,305	\$100,278
Vacancy Savings Reduction (1%)	\$0	0.0	\$0	\$0	\$0	\$0	\$0
State-wide Indirect Cost Allocation	\$0	0.0	(\$145,277)	\$0	(\$11,481)	(\$21,209)	\$177,967
FY 2009-10 Base Request	\$19,989,456	276.0	\$8,121,243	\$0	\$786,800	\$1,564,984	\$9,516,429
FY 2009-10 BRI#2: "Medicaid Program Efficiencies"	\$86,785	0.9	\$43,392	\$0	\$0	\$0	\$43,393
FY 2009-10 DI#5: "Improved Eligibility and Enrollment Processing"	\$174,304	2.8	\$83,070	\$0	\$0	\$0	\$91,234
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$201,440	1.8	\$100,720	\$0	\$0	\$0	\$100,720
FY 2009-10 DI#11: "Additional Leased Space for Standardization"	\$15,480	0.0	\$7,740	\$0	\$0	\$0	\$7,740
FY 2009-10 DI#12: "Enhance Medicaid Management Information System Effectiveness"	\$58,101	0.9	\$29,051	\$0	\$0	\$0	\$29,050
FY 2009-10 BA#6: "Adjustment to Prior Year Fund Splits"	\$0	0.0	(\$9,939)	\$0	\$9,939	\$0	\$0
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$203,323)	(3.8)	\$6,655	\$0	(\$216,632)	\$0	\$6,654
FY 2009-10 January 2 Request	\$20,322,243	278.6	\$8,381,932	\$0	\$580,107	\$1,564,984	\$9,795,220

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Health, Life, and Dental							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,278,471	0.0	\$578,598	\$0	\$28,315	\$35,213	\$636,345
FY 2008-09 Supplemental Request	\$1,278,471	0.0	\$578,598	\$0	\$28,315	\$35,213	\$636,345
Annualization of FY 2008-09 JBC Staff Recommendation: "Adjust for Recommended FTE in Department's Decision Items"	\$10,769	0.0	\$5,385	\$0	\$0	\$0	\$5,384
Common Policy Adjustment	\$125,451	0.0	\$56,264	\$0	\$3,017	\$3,752	\$62,418
FY 2009-10 Base Request	\$1,414,691	0.0	\$640,247	\$0	\$31,332	\$38,965	\$704,147
FY 2009-10 January 2 Request	\$1,414,691	0.0	\$640,247	\$0	\$31,332	\$38,965	\$704,147
Short-term Disability							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$22,871	0.0	\$9,538	\$0	\$818	\$1,795	\$10,720
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$247)	0.0	\$0	\$0	(\$247)	\$0	\$0
FY 2008-09 Supplemental Request	\$22,624	0.0	\$9,538	\$0	\$571	\$1,795	\$10,720
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$247	0.0	\$0	\$0	\$247	\$0	\$0
Annualization of FY 2008-09 JBC Staff Recommendation: "Adjust for Recommended FTE in Department's Decision Items"	\$178	0.0	\$94	\$0	\$0	(\$10)	\$94
Common Policy Adjustment	(\$689)	0.0	(\$308)	\$0	(\$18)	(\$30)	(\$333)
FY 2009-10 Base Request	\$22,360	0.0	\$9,324	\$0	\$800	\$1,755	\$10,481
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$247)	0.0	\$0	\$0	(\$247)	\$0	\$0
FY 2009-10 January 2 Request	\$22,113	0.0	\$9,324	\$0	\$553	\$1,755	\$10,481
S.B. 04-257 Amortization Equalization Disbursement							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$279,035	0.0	\$114,941	\$0	\$10,057	\$22,096	\$131,941
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$3,843)	0.0	\$0	\$0	(\$3,843)	\$0	\$0
FY 2008-09 Supplemental Request	\$275,192	0.0	\$114,941	\$0	\$6,214	\$22,096	\$131,941
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$3,843	0.0	\$0	\$0	\$3,843	\$0	\$0
Annualization of FY 2008-09 JBC Staff Recommendation: "Adjust for Recommended FTE in Department's Decision Items"	\$2,183	0.0	\$1,131	\$0	\$0	(\$104)	\$1,156
Common Policy Adjustment	\$62,782	0.0	\$25,630	\$0	\$2,341	\$5,248	\$29,563
FY 2009-10 Base Request	\$344,000	0.0	\$141,702	\$0	\$12,398	\$27,240	\$162,660
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$3,843)	0.0	\$0	\$0	(\$3,843)	\$0	\$0
FY 2009-10 January 2 Request	\$340,157	0.0	\$141,702	\$0	\$8,555	\$27,240	\$162,660

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FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
S.B. 06-235 Supplemental Amortization Equalization Disbursement							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$128,887	0.0	\$51,968	\$0	\$4,714	\$10,358	\$61,847
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$2,438)	0.0	\$0	\$0	(\$2,438)	\$0	\$0
FY 2008-09 Supplemental Request	\$126,449	0.0	\$51,968	\$0	\$2,276	\$10,358	\$61,847
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$2,438	0.0	\$0	\$0	\$2,438	\$0	\$0
Annualization of FY 2008-09 JBC Staff Recommendation: "Adjust for Recommended FTE in Department's Decision Items"	\$998	0.0	\$511	\$0	\$0	(\$55)	\$542
Common Policy Adjustment	\$85,115	0.0	\$34,210	\$0	\$3,150	\$6,975	\$40,780
FY 2009-10 Base Request	\$215,000	0.0	\$86,689	\$0	\$7,864	\$17,278	\$103,169
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$2,438)	0.0	\$0	\$0	(\$2,438)	\$0	\$0
FY 2009-10 January 2 Request	\$212,562	0.0	\$86,689	\$0	\$5,426	\$17,278	\$103,169
Salary Survey and Senior Executive Service							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$676,435	0.0	\$304,849	\$0	\$10,395	\$21,487	\$339,704
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$1,744)	0.0	\$0	\$0	(\$1,744)	\$0	\$0
FY 2008-09 Supplemental Request	\$674,691	0.0	\$304,849	\$0	\$8,651	\$21,487	\$339,704
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$1,744	0.0	\$0	\$0	\$1,744	\$0	\$0
Common Policy Adjustment	(\$281,686)	0.0	(\$126,947)	\$0	(\$4,329)	(\$8,948)	(\$141,462)
FY 2009-10 Base Request	\$394,749	0.0	\$177,902	\$0	\$6,066	\$12,539	\$198,242
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$1,744)	0.0	\$0	\$0	(\$1,744)	\$0	\$0
FY 2009-10 January 2 Request	\$393,005	0.0	\$177,902	\$0	\$4,322	\$12,539	\$198,242
Performance-based Pay Awards							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$251,236	0.0	\$112,340	\$0	\$4,417	\$9,131	\$125,348
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$2,064)	0.0	\$0	\$0	(\$2,064)	\$0	\$0
FY 2008-09 Supplemental Request	\$249,172	0.0	\$112,340	\$0	\$2,353	\$9,131	\$125,348
FY 2009-10 S#14: "Eliminate Colorado Cares Fund" Annualization	\$2,064	0.0	\$0	\$0	\$2,064	\$0	\$0
Common Policy Adjustment	(\$251,236)	0.0	(\$112,340)	\$0	(\$4,417)	(\$9,131)	(\$125,348)
FY 2009-10 Base Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 January 2 Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0

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FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Workers' Compensation							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$32,346	0.0	\$16,173	\$0	\$0	\$0	\$16,173
FY 2008-09 Supplemental Request	\$32,346	0.0	\$16,173	\$0	\$0	\$0	\$16,173
FY 2009-10 Base Request	\$32,346	0.0	\$16,173	\$0	\$0	\$0	\$16,173
FY 2009-10 NP#10: "DPA - Ombuds Program Increase less Annualization of CSEAP Program Increase"	\$49	0.0	\$25	\$0	\$0	\$0	\$24
FY 2009-10 January 2 Request	\$32,395	0.0	\$16,198	\$0	\$0	\$0	\$16,197
Operating Expenses							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,803,990	0.0	\$878,742	\$0	\$12,766	\$13,377	\$899,105
SB 08-007 Jail Inmate Application Assistance FY 2008-09 Appropriation	\$2,000	0.0	\$1,000	\$0	\$0	\$0	\$1,000
SB 08-161 Medicaid and Children's Basic Health Plan - Eligibility and Appropriation FY 2008-09 Appropriation	\$21,082	0.0	\$0	\$0	\$10,541	\$0	\$10,541
HB 08-1046 Offenders Apply for Public Benefits FY 2008-09 Appropriation	\$2,000	0.0	\$1,000	\$0	\$0	\$0	\$1,000
HB 08-1114 Reimbursement of Nursing Facilities Under Medicaid FY 2008-09 Appropriation	\$4,406	0.0	\$2,203	\$0	\$0	\$0	\$2,203
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	(\$333)	\$0	\$333	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$3,800)	0.0	\$0	\$0	(\$3,800)	\$0	\$0
FY 2008-09 Supplemental Request	\$1,829,678	0.0	\$882,612	\$0	\$19,840	\$13,377	\$913,849
SB 08-161 Annualization "Medicaid and Children's Basic Health Plan - Eligibility and Appropriation"	(\$13,528)	0.0	\$0	\$0	(\$6,764)	\$0	(\$6,764)
HB 08-1114 Annualization "Reimbursement of Nursing Facilities Under Medicaid"	\$949	0.0	(\$2,203)	\$0	\$2,678	\$0	\$474
Annualization of FY 2008-09 DI#7: "Additional FTE to Restore Department Efficiency and Functionality"	(\$35,562)	0.0	(\$17,743)	\$0	\$0	(\$76)	(\$17,743)
Annualization of FY 2008-09 DI#10 and BA#2: Additional Leased Space	(\$60,000)		(\$30,000)				(\$30,000)
Annualization of FY 2008-09 BA#3: "Implement Preferred Drug List"	(\$5,536)	0.0	(\$2,768)	\$0	\$0	\$0	(\$2,768)
Annualization of FY 2008-09 BA#9: "Efficiencies in Medicaid Cost Avoidances and Provider Recoveries"	(\$32,596)	0.0	(\$16,298)	\$0	\$0	\$0	(\$16,298)
Annualization of FY 2008-09 BA#12: "Efficiencies in Pharmaceuticals through the Expansion of 340B Pricing"	(\$5,536)	0.0	(\$2,768)	\$0	\$0	\$0	(\$2,768)
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits" Annualization	\$0	0.0	\$333	\$0	(\$333)	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$3,800	0.0	\$0	\$0	\$3,800	\$0	\$0
FY 2009-10 Base Request	\$1,681,669	0.0	\$811,165	\$0	\$19,221	\$13,301	\$837,982
FY 2009-10 BRI#2: "Medicaid Program Efficiencies"	\$26,178	0.0	\$13,089	\$0	\$0	\$0	\$13,089
FY 2009-10 DI#5: "Improved Eligibility and Enrollment Processing"	\$18,534	0.0	\$8,830	\$0	\$0	\$0	\$9,704
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$17,584	0.0	\$8,792	\$0	\$0	\$0	\$8,792
FY 2009-10 DI#11: "Additional Leased Space for Standardization"	\$123,054	0.0	\$61,527	\$0	\$0	\$0	\$61,527

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FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 DI#12: "Enhance Medicaid Management Information System Effectiveness"	\$6,178	0.0	\$3,089	\$0	\$0	\$0	\$3,089
FY 2009-10 NP#9: "DPA - Mail Equipment Upgrade"	\$15,596	0.0	\$7,483	\$0	\$218	\$123	\$7,772
FY 2009-10 NP#12: "DPA - Postage Increase"	\$4,690	0.0	\$2,250	\$0	\$66	\$37	\$2,337
FY 2009-10 BA#6: "Adjustment to Prior Year Fund Splits"	\$0	0.0	(\$333)	\$0	\$333	\$0	\$0
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$3,800)	0.0	\$0	\$0	(\$3,800)	\$0	\$0
FY 2009-10 January 2 Request	\$1,889,683	0.0	\$915,892	\$0	\$16,038	\$13,461	\$944,292
Legal Services and Third Party Recovery Legal Services for 13,089 hours							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$982,984	0.0	\$399,044	\$0	\$87,378	\$0	\$496,562
FY 2008-09 Supplemental Request	\$982,984	0.0	\$399,044	\$0	\$87,378	\$0	\$496,562
FY 2009-10 Base Request	\$982,984	0.0	\$399,044	\$0	\$87,378	\$0	\$496,562
FY 2009-10 January 2 Request	\$982,984	0.0	\$399,044	\$0	\$87,378	\$0	\$496,562
Administrative Law Judge Services							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$469,789	0.0	\$234,895	\$0	\$0	\$0	\$234,894
FY 2008-09 Supplemental Request	\$469,789	0.0	\$234,895	\$0	\$0	\$0	\$234,894
FY 2009-10 Base Request	\$469,789	0.0	\$234,895	\$0	\$0	\$0	\$234,894
FY 2009-10 NP#11: "DPA - Office of Administrative Courts Staffing Adjustments"	\$18,152	0.0	\$9,076	\$0	\$0	\$0	\$9,076
FY 2009-10 January 2 Request	\$487,941	0.0	\$243,971	\$0	\$0	\$0	\$243,970
Purchases of Services from Computer Center							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$135,103	0.0	\$65,883	\$0	\$0	\$3,337	\$65,883
FY 2008-09 Supplemental Request	\$135,103	0.0	\$65,883	\$0	\$0	\$3,337	\$65,883
FY 2009-10 Base Request	\$135,103	0.0	\$65,883	\$0	\$0	\$3,337	\$65,883
FY 2009-10 January 2 Request	\$135,103	0.0	\$65,883	\$0	\$0	\$3,337	\$65,883
Payment to Risk Management and Property Funds							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$71,989	0.0	\$35,995	\$0	\$0	\$0	\$35,994
FY 2008-09 Supplemental Request	\$71,989	0.0	\$35,995	\$0	\$0	\$0	\$35,994
FY 2009-10 Base Request	\$71,989	0.0	\$35,995	\$0	\$0	\$0	\$35,994
FY 2009-10 January 2 Request	\$71,989	0.0	\$35,995	\$0	\$0	\$0	\$35,994

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FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Leased Space							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$394,236	0.0	\$191,619	\$0	\$5,500	\$0	\$197,117
FY 2008-09 Supplemental Request	\$394,236	0.0	\$191,619	\$0	\$5,500	\$0	\$197,117
FY 2009-10 Base Request	\$394,236	0.0	\$191,619	\$0	\$5,500	\$0	\$197,117
FY 2009-10 DI#11: "Additional Leased Space for Standardization"	\$82,800	0.0	\$41,400	\$0	\$0	\$0	\$41,400
FY 2009-10 January 2 Request	\$477,036	0.0	\$233,019	\$0	\$5,500	\$0	\$238,517
Capitol Complex Leased Space							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$395,208	0.0	\$197,604	\$0	\$0	\$0	\$197,604
FY 2008-09 Supplemental Request	\$395,208	0.0	\$197,604	\$0	\$0	\$0	\$197,604
FY 2009-10 Base Request	\$395,208	0.0	\$197,604	\$0	\$0	\$0	\$197,604
FY 2009-10 January 2 Request	\$395,208	0.0	\$197,604	\$0	\$0	\$0	\$197,604
General Professional Services and Special Projects							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,006,184	0.0	\$943,092	\$0	\$0	\$0	\$1,063,092
HB 08-1072 Medicaid Buy-In for Disabled Adults FY 2008-09 Appropriation	\$55,000	0.0	\$27,500	\$0	\$0	\$0	\$27,500
SB 08-217 Centennial Care Choices Program FY 2008-09 Appropriation	\$382,400	0.0	\$128,700	\$0	\$62,500	\$0	\$191,200
FY 2008-09 Supplemental Request	\$2,443,584	0.0	\$1,099,292	\$0	\$62,500	\$0	\$1,281,792
HB 08-1072 Annualization "Medicaid Buy-In for Disabled Adults"	(\$55,000)	0.0	(\$27,500)	\$0	\$0	\$0	(\$27,500)
SB 08-217 Annualization "Centennial Care Choices Program"	(\$382,400)	0.0	(\$128,700)	\$0	(\$62,500)	\$0	(\$191,200)
Annualization of FY 2008-09 DI#9: "Information Technology Replacement Plan"	(\$27,500)	0.0	(\$13,750)	\$0	\$0	\$0	(\$13,750)
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	\$46,650	0.0	\$23,325	\$0	\$0	\$0	\$23,325
Annualization of FY 2008-09 BA#5: "Implement Mental Health Audit Findings"	(\$250,000)	0.0	(\$125,000)	\$0	\$0	\$0	(\$125,000)
Annualization of FY 2008-09 JBC Staff Recommendation: "Adequacy of PACE Rates"	(\$150,000)	0.0	(\$75,000)	\$0	\$0	\$0	(\$75,000)
FY 2009-10 Base Request	\$1,625,334	0.0	\$752,667	\$0	\$0	\$0	\$872,667
FY 2009-10 BRI#1: "Pharmacy Technical and Pricing Efficiencies"	\$975,000	0.0	\$300,000	\$0	\$0	\$0	\$675,000
FY 2009-10 BRI#2: "Medicaid Program Efficiencies"	\$441,964	0.0	\$220,982	\$0	\$0	\$0	\$220,982
FY 2009-10 DI#5: "Improved Eligibility and Enrollment Processing"	\$100,000	0.0	\$47,854	\$0	\$0	\$0	\$52,146
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$125,000	0.0	\$62,500	\$0	\$0	\$0	\$62,500
FY 2009-10 January 2 Request	\$3,267,298	0.0	\$1,384,003	\$0	\$0	\$0	\$1,883,295

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FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

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(B) Transfers to Other Departments							
Transfer to Department of Public Health and Environment Facility for Survey and Certification							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$4,932,027	0.0	\$1,300,605	\$0	\$0	\$0	\$3,631,422
FY 2008-09 NP-S#1: "DPHE - Adjustment to Medicaid Funding for CDPHE Survey and Certification"	\$0	0.0	\$58,116	\$0	\$0	\$0	(\$58,116)
FY 2008-09 Supplemental Request	\$4,932,027	0.0	\$1,358,721	\$0	\$0	\$0	\$3,573,306
Common Policy Adjustment	\$200,237	0.0	\$251,249	\$0	\$0	\$0	(\$51,012)
FY 2009-10 NP-S#1: "DPHE - Adjustment to Medicaid Funding for CDPHE Survey and Certification" Annualization	\$0	0.0	(\$58,116)	\$0	\$0	\$0	\$58,116
FY 2009-10 Base Request	\$5,132,264	0.0	\$1,551,854	\$0	\$0	\$0	\$3,580,410
FY 2009-10 NP#14: "DPHE - Fleet Common Policy for Facility Survey and Certification"	\$9,926	0.0	\$3,176	\$0	\$0	\$0	\$6,750
FY 2009-10 January 2 Request	\$5,142,190	0.0	\$1,555,030	\$0	\$0	\$0	\$3,587,160
Transfers to the Department of Regulatory Agencies (previously titled Transfer to Department of Regulatory Agencies for Nurse Aide Certification)							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$325,343	0.0	\$148,020	\$0	\$0	\$14,652	\$162,671
FY 2008-09 Supplemental Request	\$325,343	0.0	\$148,020	\$0	\$0	\$14,652	\$162,671
FY 2009-10 Base Request	\$325,343	0.0	\$148,020	\$0	\$0	\$14,652	\$162,671
FY 2009-10 NP#2: "Department of Regulatory Agencies Sunset Reviews"	\$14,000	0.0	\$4,500	\$0	\$500	\$0	\$9,000
FY 2009-10 January 2 Request	\$339,343	0.0	\$152,520	\$0	\$500	\$14,652	\$171,671
Transfer to Department of Education for Public School Health Services							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$407,747	0.0	\$0	\$0	\$0	\$0	\$407,747
FY 2008-09 Supplemental Request	\$407,747	0.0	\$0	\$0	\$0	\$0	\$407,747
FY 2009-10 Base Request	\$407,747	0.0	\$0	\$0	\$0	\$0	\$407,747
FY 2009-10 DI#17: "School Health Services Program Auditor"	(\$200,000)	0.0	\$0	\$0	\$0	\$0	(\$200,000)
FY 2009-10 January 2 Request	\$207,747	0.0	\$0	\$0	\$0	\$0	\$207,747

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(C) Information Technology Contracts and Projects							
Information Technology Contracts							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$23,611,692	0.0	\$5,424,454	\$0	\$1,817,517	\$100,328	\$16,269,393
SB 08-006 Suspension of Medicaid Benefits for Confined Persons FY 2008-09 Appropriation	\$298,495	0.0	\$74,624	\$0	\$0	\$0	\$223,871
SB 08-160 Improvements to Medicaid and Children's Basic Health Plan for Children FY 2008-09 Appropriation	\$183,960	0.0	\$0	\$0	\$64,386	\$0	\$119,574
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$1,301,749)	0.0	\$0	\$0	(\$1,301,749)	\$0	\$0
FY 2008-09 Supplemental Request	\$22,792,398	0.0	\$5,499,078	\$0	\$580,154	\$100,328	\$16,612,838
SB 08-160 Annualization "Improvements to Medicaid and Children's Basic Health Plan for Children"	(\$137,970)	0.0	\$0	\$0	(\$48,290)	\$0	(\$89,680)
SB 08-006 Annualization "Suspension of Medicaid Benefits for Confined Persons"	(\$298,495)	0.0	(\$74,624)	\$0	\$0	\$0	(\$223,871)
Annualization of FY 2008-09 DI#13: "Web Portal Contract Adjustments and Enhancements"	(\$117,833)	0.0	(\$29,458)	\$0	\$0	\$0	(\$88,375)
Annualization of FY 2008-09 BA#9: "Efficiencies in Medicaid Cost Avoidances and Provider Recoveries"	(\$50,400)	0.0	(\$12,600)	\$0	\$0	\$0	(\$37,800)
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$1,301,749	0.0	\$0	\$0	\$1,301,749	\$0	\$0
FY 2009-10 Base Request	\$23,489,449	0.0	\$5,382,396	\$0	\$1,833,613	\$100,328	\$16,173,112
FY 2009-10 BRI#1: "Pharmacy Technical and Pricing Efficiencies"	\$16,380	0.0	\$4,095	\$0	\$0	\$0	\$12,285
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$1,058,400	0.0	\$264,600	\$0	\$0	\$0	\$793,800
FY 2009-10 DI#10: "Annual Medicaid Management Information System Cost Adjustment"	\$290,117	0.0	\$70,353	\$0	\$3,046	\$0	\$216,718
FY 2009-10 DI#12: "Enhance Medicaid Management Information System Effectiveness"	\$330,750	0.0	\$82,688	\$0	\$0	\$0	\$248,062
FY 2009-10 DI#15: "Provider Web Portal Reprocurement"	\$350,514	0.0	\$87,629	\$0	\$0	\$0	\$262,885
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$1,301,749)	0.0	\$0	\$0	(\$1,301,749)	\$0	\$0
FY 2009-10 January 2 Request	\$24,233,861	0.0	\$5,891,761	\$0	\$534,910	\$100,328	\$17,706,862

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Fraud Detection Software Contract							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,000,000	0.0	\$100,000	\$0	\$0	\$0	\$900,000
FY 2008-09 Supplemental Request	\$1,000,000	0.0	\$100,000	\$0	\$0	\$0	\$900,000
Annualization of FY 2008-09 BA#9: "Efficiencies in Medicaid Cost Avoidances and Provider Recoveries"	(\$750,000)	0.0	(\$37,500)	\$0	\$0	\$0	(\$712,500)
FY 2009-10 Base Request	\$250,000	0.0	\$62,500	\$0	\$0	\$0	\$187,500
FY 2009-10 January 2 Request	\$250,000	0.0	\$62,500	\$0	\$0	\$0	\$187,500
Colorado Benefits Management System Medical Assistance Project							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$5,300,000	0.0	\$2,536,236	\$0	\$0	\$0	\$2,763,764
FY 2008-09 Supplemental Request	\$5,300,000	0.0	\$2,536,236	\$0	\$0	\$0	\$2,763,764
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	(\$250,000)	0.0	(\$119,634)	\$0	\$0	\$0	(\$130,366)
FY 2009-10 Base Request	\$5,050,000	0.0	\$2,416,602	\$0	\$0	\$0	\$2,633,398
FY 2009-10 January 2 Request	\$5,050,000	0.0	\$2,416,602	\$0	\$0	\$0	\$2,633,398
Centralized Eligibility Vendor Contract Project							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$153,600	0.0	\$73,503	\$0	\$0	\$0	\$80,097
FY 2008-09 Supplemental Request	\$153,600	0.0	\$73,503	\$0	\$0	\$0	\$80,097
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	(\$153,600)	0.0	(\$73,503)	\$0	\$0	\$0	(\$80,097)
FY 2009-10 Base Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 DI#5: Improved Eligibility and Enrollment Processing	\$7,741,136	0.0	\$3,704,405	\$0	\$0	\$0	\$4,036,731
FY 2009-10 January 2 Request	\$7,741,136	0.0	\$3,704,405	\$0	\$0	\$0	\$4,036,731
(D) Eligibility Determinations and Client Services							
Medical Identification Cards							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$120,000	0.0	\$48,444	\$0	\$10,759	\$1,593	\$59,204
FY 2008-09 Supplemental Request	\$120,000	0.0	\$48,444	\$0	\$10,759	\$1,593	\$59,204
FY 2009-10 Base Request	\$120,000	0.0	\$48,444	\$0	\$10,759	\$1,593	\$59,204
FY 2009-10 January 2 Request	\$120,000	0.0	\$48,444	\$0	\$10,759	\$1,593	\$59,204

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Contracts for Special Eligibility Determinations							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,410,994	0.0	\$913,610	\$0	\$30,854	\$0	\$1,466,530
FY 2008-09 Supplemental Request	\$2,410,994	0.0	\$913,610	\$0	\$30,854	\$0	\$1,466,530
FY 2009-10 Base Request	\$2,410,994	0.0	\$913,610	\$0	\$30,854	\$0	\$1,466,530
FY 2009-10 DI#16: "School Based Medical Assistance Site Pilot Expansion"	\$32,718	0.0	\$11,410	\$0	\$3,722	\$0	\$17,586
FY 2009-10 January 2 Request	\$2,443,712	0.0	\$925,020	\$0	\$34,576	\$0	\$1,484,116
County Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$23,803,133	0.0	\$7,248,943	\$0	\$4,752,981	\$0	\$11,801,209
HB 08-1250 County Contingency Fund FY 2008-09 Appropriation	\$3,400,000	0.0	\$1,000,000	\$0	\$700,000	\$0	\$1,700,000
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$120,450)	0.0	\$0	\$0	(\$120,450)	\$0	\$0
FY 2008-09 Supplemental Request	\$27,082,683	0.0	\$8,248,943	\$0	\$5,332,531	\$0	\$13,501,209
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$120,450	0.0	\$0	\$0	\$120,450	\$0	\$0
FY 2009-10 Base Request	\$27,203,133	0.0	\$8,248,943	\$0	\$5,452,981	\$0	\$13,501,209
FY 2009-10 DI#5: "Improved Eligibility and Enrollment Processing"	(\$505,842)	0.0	(\$252,921)	\$0	\$0	\$0	(\$252,921)
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$120,450)	0.0	\$0	\$0	(\$120,450)	\$0	\$0
FY 2009-10 January 2 Request	\$26,576,841	0.0	\$7,996,022	\$0	\$5,332,531	\$0	\$13,248,288
Administrative Case Management							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,917,528	0.0	\$1,458,764	\$0	\$0	\$0	\$1,458,764
FY 2008-09 S#15: "Reduce Funding for Administrative Case Management"	(\$2,377,785)	0.0	(\$1,188,892)	\$0	\$0	\$0	(\$1,188,893)
FY 2008-09 Supplemental Request	\$539,743	0.0	\$269,872	\$0	\$0	\$0	\$269,871
FY 2008-09 S#15: "Reduce Funding for Administrative Case Management" Annualization	\$2,377,785	0.0	\$1,188,892	\$0	\$0	\$0	\$1,188,893
FY 2009-10 Base Request	\$2,917,528	0.0	\$1,458,764	\$0	\$0	\$0	\$1,458,764
FY 2009-10 BA#14: "Reduce Funding for Administrative Case Management"	(\$2,377,785)	0.0	(\$1,188,892)	\$0	\$0	\$0	(\$1,188,893)
FY 2009-10 January 2 Request	\$539,743	0.0	\$269,872	\$0	\$0	\$0	\$269,871
Customer Outreach							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$3,790,283	0.0	\$1,861,628	\$0	\$33,514	\$0	\$1,895,141
FY 2008-09 Supplemental Request	\$3,790,283	0.0	\$1,861,628	\$0	\$33,514	\$0	\$1,895,141
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	(\$217,282)	0.0	(\$108,641)	\$0	\$0	\$0	(\$108,641)
FY 2009-10 Base Request	\$3,573,001	0.0	\$1,752,987	\$0	\$33,514	\$0	\$1,786,500
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$354,092	0.0	\$177,046	\$0	\$0	\$0	\$177,046
FY 2009-10 January 2 Request	\$3,927,093	0.0	\$1,930,033	\$0	\$33,514	\$0	\$1,963,546

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(1) Executive Director's Office

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(E) Utilization and Quality Review Contracts							
Professional Services Contracts							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$4,669,035	0.0	\$1,362,318	\$0	\$54,949	\$0	\$3,251,768
FY 2008-09 Supplemental Request	\$4,669,035	0.0	\$1,362,318	\$0	\$54,949	\$0	\$3,251,768
Annualization of FY 2008-09 BA#3: "Implement Preferred Drug List"	(\$172,680)	0.0	(\$43,170)	\$0	\$0	\$0	(\$129,510)
FY 2009-10 Base Request	\$4,496,355	0.0	\$1,319,148	\$0	\$54,949	\$0	\$3,122,258
FY 2009-10 BRI#2: "Medicaid Program Efficiencies"	\$80,000	0.0	\$40,000	\$0	\$0	\$0	\$40,000
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$105,000	0.0	\$26,250	\$0	\$0	\$0	\$78,750
FY 2009-10 January 2 Request	\$4,681,355	0.0	\$1,385,398	\$0	\$54,949	\$0	\$3,241,008
(F) Provider Audits and Services							
Professional Audit Contracts							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,708,700	0.0	\$854,350	\$0	\$0	\$0	\$854,350
FY 2008-09 S#11: "Nursing Facility Audits to Implement HB 08-1114"	\$144,600	0.0	\$0	\$0	\$72,300	\$0	\$72,300
FY 2008-09 Supplemental Request	\$1,853,300	0.0	\$854,350	\$0	\$72,300	\$0	\$926,650
FY 2008-09 S#11: "Nursing Facility Audits to Implement HB 08-1114"	(\$144,600)	0.0	\$0	\$0	(\$72,300)	\$0	(\$72,300)
Annualization							
FY 2009-10 Base Request	\$1,708,700	0.0	\$854,350	\$0	\$0	\$0	\$854,350
FY 2009-10 DI#14: "Nursing Facility Audit Reprocurement"	\$129,866	0.0	\$64,933	\$0	\$0	\$0	\$64,933
FY 2009-10 DI#17: "School Health Services Program Auditor"	\$433,700	0.0	\$0	\$0	\$0	\$0	\$433,700
FY 2009-10 January 2 Request	\$2,272,266	0.0	\$919,283	\$0	\$0	\$0	\$1,352,983
(G) Recoveries and Recoupment Contract Costs							
Estate Recovery							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$700,000	0.0	\$0	\$0	\$350,000	\$0	\$350,000
FY 2008-09 Supplemental Request	\$700,000	0.0	\$0	\$0	\$350,000	\$0	\$350,000
FY 2009-10 Base Request	\$700,000	0.0	\$0	\$0	\$350,000	\$0	\$350,000
FY 2009-10 January 2 Request	\$700,000	0.0	\$0	\$0	\$350,000	\$0	\$350,000
(1) Executive Director's Office							
FY 2008-09 Supplemental Request	\$104,506,837	268.9	\$35,551,229	\$0	\$7,223,407	\$1,790,768	\$59,941,433
FY 2009-10 Base Request	\$105,953,428	276.0	\$36,039,770	\$0	\$8,724,029	\$1,795,972	\$59,393,657
FY 2009-10 January 2 Request	\$114,669,695	278.6	\$40,186,295	\$0	\$7,090,950	\$1,796,132	\$65,596,318

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(2) Medical Services Premiums

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Medical Services Premiums							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,317,412,942	0.0	\$705,026,741	\$369,000,000	\$83,134,734	\$767,998	\$1,159,483,469
HB 08-1373 Funding Sources - Breast and Cervical Cancer Prevention and Treatment Fund FY 2008-09 Appropriation	\$0	0.0	(\$1,800,529)	\$0	\$1,800,529	\$0	\$0
HB 08-1374 Cap repeal - PACE rates FY 2008-09 Appropriation	\$3,134,928	0.0	\$1,567,464	\$0	\$0	\$0	\$1,567,464
HB 08-1407 Insurance Benefit Payments FY 2008-09 Appropriation	(\$277,780)	0.0	(\$138,890)	\$0	\$0	\$0	(\$138,890)
HB 08-1409 Medicaid Payment Recovery FY 2008-09 Appropriation	(\$300,000)	0.0	(\$150,000)	\$0	\$0	\$0	(\$150,000)
SB 08-090 Mail Order Rx under Medicaid FY 2008-09 Appropriation	(\$279,272)	0.0	(\$139,636)	\$0	\$0	\$0	(\$139,636)
SB 08-099 Extending Foster Care Eligibility FY 2008-09 Appropriation	\$692,121	0.0	\$0	\$0	\$346,061	\$0	\$346,060
SB 08-118 Money Transfer for Medicaid Programs FY 2008-09 Appropriation	\$4,000,000	0.0	\$0	\$0	\$0	\$2,000,000	\$2,000,000
SB 08-230 Hospitals to Levy Sales Tax FY 2008-09 Appropriation	(\$2,285,340)	0.0	(\$1,142,670)	\$0	\$0	\$0	(\$1,142,670)
FY 2008-09 S#1: "Request for FY 2009-10 Medical Services Premiums"	\$91,485,775	0.0	\$30,263,531	\$0	\$14,426,249	\$41,194	\$46,754,801
FY 2008-09 S#6: "Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing"	\$4,729,857	0.0	\$4,729,857	\$0	\$0	\$0	\$0
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	(\$709,066)	\$0	\$0	\$0	\$709,066
FY 2008-09 S#8: "Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners"	\$6,060,298	0.0	\$0	\$0	\$3,030,149	\$0	\$3,030,149
FY 2008-09 Supplemental Request	\$2,424,373,529	0.0	\$737,506,802	\$369,000,000	\$102,737,722	\$2,809,192	\$1,212,319,813
HB 08-1114 Annualization "Reimbursement of Nursing Facilities Under Medicaid"	\$16,290,933	0.0	(\$2,112,796)	\$0	\$10,258,263	\$0	\$8,145,466
HB 08-1373 Annualization "Funding Sources - Breast and Cervical Cancer Prevention and Treatment Fund"	\$0	0.0	\$865,485	\$0	(\$865,485)	\$0	\$0
HB 08-1374 Annualization "Cap repeal - PACE rates"	\$584,352	0.0	\$292,176	\$0	\$0	\$0	\$292,176
HB 08-1409 Annualization "Medicaid Payment Recovery"	(\$100,000)	0.0	(\$50,000)	\$0	\$0	\$0	(\$50,000)
SB 08-090 Annualization "Mail Order Rx under Medicaid"	(\$199,480)	0.0	(\$99,740)	\$0	\$0	\$0	(\$99,740)
SB 08-099 Annualization "Extending Foster Care Eligibility"	\$1,086,735	0.0	\$0	\$0	\$543,367	\$0	\$543,368
SB 08-230 Annualization "Hospitals to Levy Sales Tax"	(\$5,803)	0.0	(\$2,902)	\$0	\$0	\$0	(\$2,901)
Annualization of FY 2008-09 DI#3A - Additional Children's Basic Health Plan Outreach	\$6,135,822	0.0	\$3,067,911	\$0	\$0	\$0	\$3,067,911
Annualization of FY 2008-09 BA#1A - Building Blocks to Health Care Reform	\$2,108,920	0.0	\$1,054,460	\$0	\$0	\$0	\$1,054,460
Annualization of FY 2008-09 BA#3 - Implement Preferred Drug List	(\$644,362)	0.0	(\$322,181)	\$0	\$0	\$0	(\$322,181)
Annualization of FY 2008-09 BA#7 - ICF/MR Conversion	(\$239,011)	0.0	(\$119,506)	\$0	\$0	\$0	(\$119,505)
Annualization of FY 2008-09 BA#9 - Efficiencies in Medicaid Cost Avoidances and Provider Recoveries	(\$2,475,000)	0.0	(\$1,237,500)	\$0	\$0	\$0	(\$1,237,500)
Annualization of FY 2008-09 BA#12 - Efficiencies in Pharmaceuticals through the Expansion of 340B Pricing	(\$858,583)	0.0	(\$429,292)	\$0	\$0	\$0	(\$429,291)

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(2) Medical Services Premiums

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 S#1: "Request for FY 2009-10 Medical Services Premiums" Annualization	(\$91,485,775)	0.0	(\$30,263,531)	\$0	(\$14,426,249)	(\$41,194)	(\$46,754,801)
FY 2008-09 S#6: "Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing" Annualization	(\$4,729,857)	0.0	(\$4,729,857)	\$0	\$0	\$0	\$0
FY 2009-10 S#7: "Adjustment to Prior Year Fund Splits" Annualization	\$0	0.0	\$709,066	\$0	\$0	\$0	(\$709,066)
FY 2008-09 S#8: "Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners" Annualization	(\$6,060,298)	0.0	\$0	\$0	(\$3,030,149)	\$0	(\$3,030,149)
FY 2009-10 Base Request	\$2,343,782,122	0.0	\$704,128,595	\$369,000,000	\$95,217,469	\$2,767,998	\$1,172,668,060
FY 2009-10 BRI#1: "Pharmacy Technical and Pricing Efficiencies"	(\$1,022,887)	0.0	(\$511,443)	\$0	\$0	\$0	(\$511,444)
FY 2009-10 BRI#2: "Medicaid Program Efficiencies"	(\$2,365,945)	0.0	(\$1,182,972)	\$0	\$0	\$0	(\$1,182,973)
FY 2009-10 DI#1: "Request for Medical Services Premiums"	\$212,621,798	0.0	\$80,080,442	\$0	\$24,911,912	\$130,695	\$107,498,749
FY 2009-10 DI#6: "Medicaid Value-Based Care Coordination Initiative"	\$536,193	0.0	\$259,142	\$0	\$8,954	\$0	\$268,097
FY 2009-10 NP#3: "DHS - Community Funding for Individuals with Developmental Disabilities"	\$92,565	0.0	\$46,283	\$0	\$0	\$0	\$46,282
FY 2009-10 BA#7: "Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners"	\$5,190,447	0.0	\$0	\$0	\$2,595,224	\$0	\$2,595,223
FY 2009-10 January 2 Request	\$2,558,834,293	0.0	\$782,820,047	\$369,000,000	\$122,733,559	\$2,898,693	\$1,281,381,994
(2) Medical Services Premiums							
FY 2008-09 Supplemental Request	\$2,424,373,529	0.0	\$737,506,802	\$369,000,000	\$102,737,722	\$2,809,192	\$1,212,319,813
FY 2009-10 Base Request	\$2,343,782,122	0.0	\$704,128,595	\$369,000,000	\$95,217,469	\$2,767,998	\$1,172,668,060
FY 2009-10 January 2 Request	\$2,558,834,293	0.0	\$782,820,047	\$369,000,000	\$122,733,559	\$2,898,693	\$1,281,381,994

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(3) Medicaid Mental Health Community Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(A) Mental Health Capitation Payments for 373,893 Estimated Medicaid Eligible Clients							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$207,063,207	0.0	\$96,923,108	\$0	\$6,590,965	\$7,205	\$103,541,929
HB 08-1373 Breast and Cervical Cancer Prevention and Treatment Fund FY 2008-09 Appropriation	\$0	0.0	(\$16,891)	\$0	\$16,891	\$0	\$0
SB 08-099 Extending Foster Care Eligibility FY 2008-09 Appropriation	\$736,679	0.0	\$0	\$0	\$368,339	\$0	\$368,340
FY 2008-09 S#2: "Request for FY 2008-09 Medicaid Mental Health Community Programs"	\$4,262,471	0.0	\$1,192,004	\$0	\$938,214	\$443	\$2,131,810
FY 2008-09 Supplemental Request	\$212,062,357	0.0	\$98,098,221	\$0	\$7,914,409	\$7,648	\$106,042,079
HB 08-1373 Annualization "Breast and Cervical Cancer Prevention and Treatment Fund"	\$0	0.0	\$7,595	\$0	(\$7,595)	\$0	\$0
SB 08-099 Annualization "Extending Foster Care Eligibility"	\$1,077,137	0.0	\$0	\$0	\$538,569	\$0	\$538,568
Annualization of FY 2008-09 DI#3A: "Additional Children's Basic Health Plan Outreach"	\$631,696	0.0	\$315,848	\$0	\$0	\$0	\$315,848
FY 2009-10 S#2: "Request for FY 2008-09 Medicaid Mental Health Community Programs" Annualization	(\$4,262,471)	0.0	(\$1,192,004)	\$0	(\$938,214)	(\$443)	(\$2,131,810)
FY 2009-10 Base Request	\$209,508,719	0.0	\$97,229,660	\$0	\$7,507,169	\$7,205	\$104,764,685
FY 2009-10 DI#2: "Request for Medicaid Mental Health Community Programs"	\$16,399,894	0.0	\$6,053,618	\$0	\$2,143,323	\$1,246	\$8,201,707
FY 2009-10 NP#3: "DHS - Community Funding for Individuals with Developmental Disabilities"	\$10,824	0.0	\$5,412	\$0	\$0	\$0	\$5,412
FY 2009-10 January 2 Request	\$225,919,437	0.0	\$103,288,690	\$0	\$9,650,492	\$8,451	\$112,971,804
(B) Other Medicaid Mental Health Payments							
Medicaid Mental Health Fee For Service Payments							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,585,270	0.0	\$792,635	\$0	\$0	\$0	\$792,635
FY 2008-09 S#2: "Request for FY 2008-09 Medicaid Mental Health Community Programs"	(\$148,115)	0.0	(\$74,057)	\$0	\$0	\$0	(\$74,058)
FY 2008-09 Supplemental Request	\$1,437,155	0.0	\$718,578	\$0	\$0	\$0	\$718,577
FY 2009-10 S#2: "Request for FY 2008-09 Medicaid Mental Health Community Programs" Annualization	\$148,115	0.0	\$74,057	\$0	\$0	\$0	\$74,058
FY 2009-10 Base Request	\$1,585,270	0.0	\$792,635	\$0	\$0	\$0	\$792,635
FY 2009-10 DI#2: "Request for Medicaid Mental Health Community Programs"	(\$104,198)	0.0	(\$52,099)	\$0	\$0	\$0	(\$52,099)
FY 2009-10 January 2 Request	\$1,481,072	0.0	\$740,536	\$0	\$0	\$0	\$740,536
(3) Medicaid Mental Health Community Programs							
FY 2008-09 Supplemental Request	\$213,499,512	0.0	\$98,816,799	\$0	\$7,914,409	\$7,648	\$106,760,656
FY 2009-10 Base Request	\$211,093,989	0.0	\$98,022,295	\$0	\$7,507,169	\$7,205	\$105,557,320
FY 2009-10 January 2 Request	\$227,400,509	0.0	\$104,029,226	\$0	\$9,650,492	\$8,451	\$113,712,340

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Safety Net Provider Payments							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$296,188,630	0.0	\$13,090,782	\$0	\$135,003,533	\$0	\$148,094,315
FY 2008-09 Supplemental Request	\$296,188,630	0.0	\$13,090,782	\$0	\$135,003,533	\$0	\$148,094,315
FY 2009-10 Base Request	\$296,188,630	0.0	\$13,090,782	\$0	\$135,003,533	\$0	\$148,094,315
FY 2009-10 January 2 Request	\$296,188,630	0.0	\$13,090,782	\$0	\$135,003,533	\$0	\$148,094,315
Colorado Health Care Services Fund							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$15,000,000	0.0	\$15,000,000	\$0	\$0	\$0	\$0
FY 2008-09 Supplemental Request	\$15,000,000	0.0	\$15,000,000	\$0	\$0	\$0	\$0
FY 2009-10 Base Request	\$15,000,000	0.0	\$15,000,000	\$0	\$0	\$0	\$0
FY 2009-10 January 2 Request	\$15,000,000	0.0	\$15,000,000	\$0	\$0	\$0	\$0
The Children's Hospital, Clinic Based Indigent Care							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$26,291,760	0.0	\$3,059,880	\$0	\$0	\$10,086,000	\$13,145,880
FY 2008-09 S#12: "Reallocation of the Health Care Services Fund"	\$738,000	0.0	\$0	\$0	\$0	\$369,000	\$369,000
FY 2008-09 Supplemental Request	\$27,029,760	0.0	\$3,059,880	\$0	\$0	\$10,455,000	\$13,514,880
FY 2008-09 S#12: "Reallocation of the Health Care Services Fund" Annualization	(\$738,000)	0.0	\$0	\$0	\$0	(\$369,000)	(\$369,000)
FY 2009-10 Base Request	\$26,291,760	0.0	\$3,059,880	\$0	\$0	\$10,086,000	\$13,145,880
FY 2009-10 BA#11: "Reallocation of the Health Care Services Fund"	\$1,476,000	0.0	\$0	\$0	\$0	\$738,000	\$738,000
FY 2009-10 January 2 Request	\$27,767,760	0.0	\$3,059,880	\$0	\$0	\$10,824,000	\$13,883,880
Health Care Services Fund Programs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$9,828,000	0.0	\$0	\$0	\$0	\$4,914,000	\$4,914,000
FY 2008-09 S#12: "Reallocation of the Health Care Services Fund"	(\$738,000)	0.0	\$0	\$0	\$0	(\$369,000)	(\$369,000)
FY 2008-09 Supplemental Request	\$9,090,000	0.0	\$0	\$0	\$0	\$4,545,000	\$4,545,000
FY 2008-09 S#12: "Reallocation of the Health Care Services Fund" Annualization	\$738,000	0.0	\$0	\$0	\$0	\$369,000	\$369,000
FY 2009-10 Base Request	\$9,828,000	0.0	\$0	\$0	\$0	\$4,914,000	\$4,914,000
FY 2009-10 BA#11: "Reallocation of the Health Care Services Fund"	(\$1,476,000)	0.0	\$0	\$0	\$0	(\$738,000)	(\$738,000)
FY 2009-10 January 2 Request	\$8,352,000	0.0	\$0	\$0	\$0	\$4,176,000	\$4,176,000

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Pediatric Specialty Hospital							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$12,865,212	0.0	\$5,551,000	\$0	\$386,606	\$495,000	\$6,432,606
FY 2008-09 Supplemental Request	\$12,865,212	0.0	\$5,551,000	\$0	\$386,606	\$495,000	\$6,432,606
FY 2009-10 Base Request	\$12,865,212	0.0	\$5,551,000	\$0	\$386,606	\$495,000	\$6,432,606
FY 2009-10 January 2 Request	\$12,865,212	0.0	\$5,551,000	\$0	\$386,606	\$495,000	\$6,432,606
H.B. 05-1262 Appropriation from General Fund to Pediatric Specialty Hospital Fund							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$495,000	0.0	\$0	\$495,000	\$0	\$0	\$0
FY 2008-09 Supplemental Request	\$495,000	0.0	\$0	\$495,000	\$0	\$0	\$0
FY 2009-10 Base Request	\$495,000	0.0	\$0	\$495,000	\$0	\$0	\$0
FY 2009-10 January 2 Request	\$495,000	0.0	\$0	\$495,000	\$0	\$0	\$0
H.B. 05-1262 Appropriation from Tobacco Tax Cash Fund to the General Fund							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$495,000	0.0	\$0	\$0	\$495,000	\$0	\$0
FY 2008-09 Supplemental Request	\$495,000	0.0	\$0	\$0	\$495,000	\$0	\$0
FY 2009-10 Base Request	\$495,000	0.0	\$0	\$0	\$495,000	\$0	\$0
FY 2009-10 January 2 Request	\$495,000	0.0	\$0	\$0	\$495,000	\$0	\$0
Primary Care Fund Program							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$31,294,657	0.0	\$0	\$0	\$31,294,657	\$0	\$0
FY 2008-09 Supplemental Request	\$31,294,657	0.0	\$0	\$0	\$31,294,657	\$0	\$0
FY 2009-10 Base Request	\$31,294,657	0.0	\$0	\$0	\$31,294,657	\$0	\$0
FY 2009-10 January 2 Request	\$31,294,657	0.0	\$0	\$0	\$31,294,657	\$0	\$0
S.B. 06-145 Inpatient Provider Fee							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,154,322	0.0	\$0	\$0	\$1,077,161	\$0	\$1,077,161
FY 2008-09 S#16: "Revised Implementation of SB 06-145 Local Government Provider Fee"	(\$2,154,322)	0.0	\$0	\$0	(\$1,077,161)	\$0	(\$1,077,161)
FY 2008-09 Supplemental Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 S#16: "Revised Implementation of SB 06-145 Local Government Provider Fee" Annualization	\$2,154,322	0.0	\$0	\$0	\$1,077,161	\$0	\$1,077,161
FY 2009-10 Base Request	\$2,154,322	0.0	\$0	\$0	\$1,077,161	\$0	\$1,077,161
FY 2009-10 January 2 Request	\$2,154,322	0.0	\$0	\$0	\$1,077,161	\$0	\$1,077,161

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
S.B. 06-145 Outpatient Provider Fee							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$3,051,374	0.0	\$0	\$0	\$1,525,687	\$0	\$1,525,687
FY 2008-09 S#16: "Revised Implementation of SB 06-145 Local Government Provider Fee"	(\$3,051,374)	0.0	\$0	\$0	(\$1,525,687)	\$0	(\$1,525,687)
FY 2008-09 Supplemental Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 S#16: "Revised Implementation of SB 06-145 Local Government Provider Fee" Annualization	\$3,051,374	0.0	\$0	\$0	\$1,525,687	\$0	\$1,525,687
FY 2009-10 Base Request	\$3,051,374	0.0	\$0	\$0	\$1,525,687	\$0	\$1,525,687
FY 2009-10 January 2 Request	\$3,051,374	0.0	\$0	\$0	\$1,525,687	\$0	\$1,525,687
H.B. 97-1304 Children's Basic Health Plan Trust							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$375,717	0.0	\$0	\$0	\$375,717	\$0	\$0
SB 08-160 Health Care for Children FY 2008-09 Appropriation	\$30,328	0.0	\$0	\$0	\$30,328	\$0	\$0
FY 2008-09 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	(\$57,183)	0.0	\$0	\$0	(\$57,183)	\$0	\$0
FY 2008-09 Supplemental Request	\$348,862	0.0	\$0	\$0	\$348,862	\$0	\$0
SB 08-160 Annualization "Health Care for Children"	\$62,093	0.0	\$0	\$0	\$62,093	\$0	\$0
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	\$10,977	0.0	\$0	\$0	\$10,977	\$0	\$0
Annualization of FY 2008-09 DI#3A: "Additional Children's Basic Health Plan Outreach"	\$9,821	0.0	\$0	\$0	\$9,821	\$0	\$0
FY 2009-10 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs" Annualization	\$57,183	0.0	\$0	\$0	\$57,183	\$0	\$0
FY 2009-10 Base Request	\$488,936	0.0	\$0	\$0	\$488,936	\$0	\$0
FY 2009-10 DI#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	\$4,198,723	0.0	\$4,270,540	\$0	(\$71,817)	\$0	\$0
FY 2009-10 January 2 Request	\$4,687,659	0.0	\$4,270,540	\$0	\$417,119	\$0	\$0
Children's Basic Health Plan Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$6,951,590	0.0	\$0	\$0	\$3,015,871	\$0	\$3,935,719
SB 08-160 Health Care for Children FY 2008-09 Appropriation	\$1,000	0.0	\$0	\$0	\$350	\$0	\$650
FY 2008-09 Supplemental Request	\$6,952,590	0.0	\$0	\$0	\$3,016,221	\$0	\$3,936,369
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	(\$15,000)	0.0	\$0	\$0	(\$5,250)	\$0	(\$9,750)
FY 2009-10 Base Request	\$6,937,590	0.0	\$0	\$0	\$3,010,971	\$0	\$3,926,619
FY 2009-10 January 2 Request	\$6,937,590	0.0	\$0	\$0	\$3,010,971	\$0	\$3,926,619

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Children's Basic Health Plan Premium Costs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$148,842,315	0.0	\$0	\$0	\$52,336,927	\$0	\$96,505,388
SB 08-057 Insurance Coverage for Hearing Aids for Minors FY 2008-09 Appropriation	\$54,300	0.0	\$0	\$0	\$19,000	\$0	\$35,300
SB 08-160 Health Care for Children FY 2008-09 Appropriation	\$5,842,592	0.0	\$0	\$0	\$2,034,293	\$30,328	\$3,777,971
FY 2008-09 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	(\$23,374,872)	0.0	\$0	\$0	(\$8,534,805)	\$318,534	(\$15,158,601)
FY 2008-09 Supplemental Request	\$131,364,335	0.0	\$0	\$0	\$45,855,415	\$348,862	\$85,160,058
SB 08-057 Annualization "Insurance Coverage for Hearing Aids for Minors"	\$62,500	0.0	\$0	\$0	\$21,900	\$0	\$40,600
SB 08-160 Annualization "Health Care for Children"	\$13,276,036	0.0	\$0	\$0	\$4,624,880	\$62,093	\$8,589,063
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	\$3,885,321	0.0	\$0	\$0	\$1,366,997	\$0	\$2,518,324
Annualization of FY 2008-09 DI#3A: "Additional Children's Basic Health Plan Outreach"	\$4,175,918	0.0	\$0	\$0	\$1,467,955	\$0	\$2,707,963
Annualization of FY 2008-09 "Gaps in Funding for Providing New Services to Children's Basic Health Plan Clients Under New Eligibility Requirements" ¹	\$1,002,067	0.0	\$0	\$0	\$350,724	\$0	\$651,343
FY 2009-10 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs" Annualization	\$23,374,872	0.0	\$0	\$0	\$8,534,805	(\$318,534)	\$15,158,601
FY 2009-10 Base Request	\$177,141,049	0.0	\$0	\$0	\$62,222,676	\$92,421	\$114,825,952
FY 2009-10 DI#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	(\$20,025,109)	0.0	\$0	\$0	(\$11,648,629)	\$4,595,238	(\$12,971,718)
FY 2009-10 January 2 Request	\$157,115,940	0.0	\$0	\$0	\$50,574,047	\$4,687,659	\$101,854,234
Children's Basic Health Plan Dental Benefit Costs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$12,168,394	0.0	\$0	\$0	\$4,258,938	\$0	\$7,909,456
SB 08-160 Health Care for Children FY 2008-09 Appropriation	\$282,415	0.0	\$0	\$0	\$98,845	\$0	\$183,570
FY 2008-09 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	(\$1,763,681)	0.0	\$0	\$0	(\$617,288)	\$0	(\$1,146,393)
FY 2008-09 Supplemental Request	\$10,687,128	0.0	\$0	\$0	\$3,740,495	\$0	\$6,946,633
SB 08-160 Annualization "Health Care for Children"	\$629,155	0.0	\$0	\$0	\$220,204	\$0	\$408,951

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Annualization of FY 2008-09 BA#A1A: "Building Blocks to Health Care Reform"	\$386,436	0.0	\$0	\$0	\$135,253	\$0	\$251,183
Annualization of FY 2008-09 DI#3A: "Additional Children's Basic Health Plan Outreach"	\$426,365	0.0	\$0	\$0	\$149,228	\$0	\$277,137
FY 2009-10 S#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs" Annualization	\$1,763,681	0.0	\$0	\$0	\$617,288	\$0	\$1,146,393
FY 2009-10 Base Request	\$13,892,765	0.0	\$0	\$0	\$4,862,468	\$0	\$9,030,297
FY 2009-10 DI#3: "Children's Basic Health Plan Medical Premium and Dental Benefit Costs"	(\$1,736,141)	0.0	\$0	\$0	(\$607,650)	\$0	(\$1,128,491)
FY 2009-10 January 2 Request	\$12,156,624	0.0	\$0	\$0	\$4,254,818	\$0	\$7,901,806
Comprehensive Primary and Preventive Care Grants Program							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$6,459,236	0.0	\$0	\$0	\$6,459,236	\$0	\$0
FY 2008-09 S#13: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program"	(\$3,286,155)	0.0	\$0	\$0	(\$3,286,155)	\$0	\$0
FY 2008-09 Supplemental Request	\$3,173,081	0.0	\$0	\$0	\$3,173,081	\$0	\$0
FY 2008-09 S#13: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program" Annualization	\$3,286,155	0.0	\$0	\$0	\$3,286,155	\$0	\$0
FY 2009-10 Base Request	\$6,459,236	0.0	\$0	\$0	\$6,459,236	\$0	\$0
FY 2009-10 BA#12: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program"	(\$3,286,155)	0.0	\$0	\$0	(\$3,286,155)	\$0	\$0
FY 2009-10 January 2 Request	\$3,173,081	0.0	\$0	\$0	\$3,173,081	\$0	\$0
Comprehensive Primary and Preventive Care Rural and Public Hospitals Payment (New line item)							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2008-09 S#13: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program"	\$6,572,310	0.0	\$0	\$0	\$3,286,155	\$0	\$3,286,155
FY 2008-09 Supplemental Request	\$6,572,310	0.0	\$0	\$0	\$3,286,155	\$0	\$3,286,155
FY 2008-09 S#13: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program" Annualization	(\$6,572,310)	0.0	\$0	\$0	(\$3,286,155)	\$0	(\$3,286,155)
FY 2009-10 Base Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 BA#12: "Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program"	\$6,572,310	0.0	\$0	\$0	\$3,286,155	\$0	\$3,286,155
FY 2009-10 January 2 Request	\$6,572,310	0.0	\$0	\$0	\$3,286,155	\$0	\$3,286,155

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(4) Indigent Care Program

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(4) Indigent Care Program							
FY 2008-09 Supplemental Request	\$551,556,565	0.0	\$36,701,662	\$495,000	\$226,600,025	\$15,843,862	\$271,916,016
FY 2009-10 Base Request	\$602,583,531	0.0	\$36,701,662	\$495,000	\$246,826,931	\$15,587,421	\$302,972,517
FY 2009-10 January 2 Request	\$588,307,159	0.0	\$40,972,202	\$495,000	\$234,498,835	\$20,182,659	\$292,158,463

¹This annualization is included to identify the increase in funding for the Children's Basic Health Plan Premiums Costs required as a result of the changes in benefits provided and the changes to eligibility requirements for this program. This adjustment is a result of simultaneous bills from the 2008 legislative session and Department change requests for FY 2008-09.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(5) Other Medical Services

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Services for 5,389 Old Age Pension State Medical Program Clients							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$15,311,715	0.0	\$0	\$0	\$12,836,715	\$2,475,000	\$0
FY 2008-09 Supplemental Request	\$15,311,715	0.0	\$0	\$0	\$12,836,715	\$2,475,000	\$0
Annualization of FY 2008-09 BA#8: "FY 08-09 Funding Increase for Old Age Pension State Medical Program"	(\$2,088,232)	0.0	\$0	\$0	\$0	(\$2,088,232)	\$0
FY 2009-10 Base Request	\$13,223,483	0.0	\$0	\$0	\$12,836,715	\$386,768	\$0
FY 2009-10 January 2 Request	\$13,223,483	0.0	\$0	\$0	\$12,836,715	\$386,768	\$0
Transfer of Tobacco Tax Cash Fund into the Supplemental Old Age Pension State Medical Fund							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,475,000	0.0	\$0	\$0	\$2,475,000	\$0	\$0
FY 2008-09 Supplemental Request	\$2,475,000	0.0	\$0	\$0	\$2,475,000	\$0	\$0
FY 2009-10 Base Request	\$2,475,000	0.0	\$0	\$0	\$2,475,000	\$0	\$0
FY 2009-10 January 2 Request	\$2,475,000	0.0	\$0	\$0	\$2,475,000	\$0	\$0
Commission on Family Medicine Residency Training Programs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,173,558	0.0	\$1,086,779	\$0	\$0	\$0	\$1,086,779
SB 08-230 Hospitals to Levy Sales Tax FY 2008-09 Appropriation	(\$241,506)	0.0	(\$120,753)	\$0	\$0	\$0	(\$120,753)
FY 2008-09 Supplemental Request	\$1,932,052	0.0	\$966,026	\$0	\$0	\$0	\$966,026
FY 2009-10 Base Request	\$1,932,052	0.0	\$966,026	\$0	\$0	\$0	\$966,026
FY 2009-10 NP#1: "Commission on Family Medicine - Expanding Access to Primary Care"	\$177,778	0.0	\$88,889	\$0	\$0	\$0	\$88,889
FY 2009-10 January 2 Request	\$2,109,830	0.0	\$1,054,915	\$0	\$0	\$0	\$1,054,915
Enhanced Prenatal Care Training and Technical Assistance							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$117,411	0.0	\$58,706	\$0	\$0	\$0	\$58,705
FY 2008-09 Supplemental Request	\$117,411	0.0	\$58,706	\$0	\$0	\$0	\$58,705
FY 2009-10 Base Request	\$117,411	0.0	\$58,706	\$0	\$0	\$0	\$58,705
FY 2009-10 January 2 Request	\$117,411	0.0	\$58,706	\$0	\$0	\$0	\$58,705

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(5) Other Medical Services

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Nurse Home Visitor Program							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$3,010,000	0.0	\$0	\$0	\$0	\$1,505,000	\$1,505,000
FY 2008-09 Supplemental Request	\$3,010,000	0.0	\$0	\$0	\$0	\$1,505,000	\$1,505,000
FY 2009-10 Base Request	\$3,010,000	0.0	\$0	\$0	\$0	\$1,505,000	\$1,505,000
FY 2009-10 January 2 Request	\$3,010,000	0.0	\$0	\$0	\$0	\$1,505,000	\$1,505,000
Medicare Modernization Act of 2003 State Contribution Payment							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$81,155,195	0.0	\$81,155,195	\$0	\$0	\$0	\$0
FY 2008-09 S#4: "Medicaid Modernization Act State Contribution Payment"	\$776,991	0.0	\$776,991	\$0	\$0	\$0	\$0
FY 2008-09 S#6: "Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing"	(\$6,827,682)	0.0	(\$6,827,682)	\$0	\$0	\$0	\$0
FY 2008-09 Supplemental Request	\$75,104,504	0.0	\$75,104,504	\$0	\$0	\$0	\$0
FY 2009-10 S#4: "Medicaid Modernization Act State Contribution Payment" Annualization	(\$776,991)	0.0	(\$776,991)	\$0	\$0	\$0	\$0
FY 2008-09 S#6: "Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing" Annualization	\$6,827,682	0.0	\$6,827,682	\$0	\$0	\$0	\$0
FY 2009-10 Base Request	\$81,155,195	\$0	\$81,155,195	\$0	\$0	\$0	\$0
FY 2009-10 DI#4: "Medicaid Modernization Act State Contribution Payment"	\$5,310,019	0.0	\$5,310,019	\$0	\$0	\$0	\$0
FY 2009-10 January 2 Request	\$86,465,214	0.0	\$86,465,214	\$0	\$0	\$0	\$0
Public School Health Services							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$27,501,534	0.0	\$0	\$0	\$14,101,907	\$0	\$13,399,627
FY 2008-09 Supplemental Request	\$27,501,534	0.0	\$0	\$0	\$14,101,907	\$0	\$13,399,627
FY 2009-10 Base Request	\$27,501,534	0.0	\$0	\$0	\$14,101,907	\$0	\$13,399,627
FY 2009-10 DI#17: "School Health Services Program Auditor"	(\$233,700)	0.0	\$0	\$0	\$0	\$0	(\$233,700)
FY 2009-10 January 2 Request	\$27,267,834	0.0	\$0	\$0	\$14,101,907	\$0	\$13,165,927
Colorado Cares Rx Program Contract Costs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,278,378	0.0	\$0	\$0	\$2,278,378	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund"	(\$2,278,378)	0.0	\$0	\$0	(\$2,278,378)	\$0	\$0
FY 2008-09 Supplemental Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2008-09 S#14: "Eliminate Colorado Cares Fund" Annualization	\$2,278,378	0.0	\$0	\$0	\$2,278,378	\$0	\$0
FY 2009-10 Base Request	\$2,278,378	0.0	\$0	\$0	\$2,278,378	\$0	\$0
FY 2009-10 BA#13: "Eliminate Colorado Cares Fund"	(\$2,278,378)	0.0	\$0	\$0	(\$2,278,378)	\$0	\$0
FY 2009-10 January 2 Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(5) Other Medical Services

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
State University Teaching Hospitals, Denver Health and Hospital Authority							
SB 08-230 Hospitals to Levy Sales Tax FY 2008-09 Appropriation	\$1,829,008	0.0	\$914,504	\$0	\$0	\$0	\$914,504
FY 2008-09 Supplemental Request	\$1,829,008	0.0	\$914,504	\$0	\$0	\$0	\$914,504
SB 08-230 Annualization "Hospitals to Levy Sales Tax"	\$2,706	0.0	\$1,353	\$0	\$0	\$0	\$1,353
FY 2009-10 Base Request	\$1,831,714	0.0	\$915,857	\$0	\$0	\$0	\$915,857
FY 2009-10 January 2 Request	\$1,831,714	0.0	\$915,857	\$0	\$0	\$0	\$915,857
State University Teaching Hospitals, University of Colorado Hospital Authority							
SB 08-230 Hospitals to Levy Sales Tax FY 2008-09 Appropriation	\$697,838	0.0	\$348,919	\$0	\$0	\$0	\$348,919
FY 2008-09 Supplemental Request	\$697,838	0.0	\$348,919	\$0	\$0	\$0	\$348,919
SB 08-230 Annualization "Hospitals to Levy Sales Tax"	\$3,097	0.0	\$1,549	\$0	\$0	\$0	\$1,548
FY 2009-10 Base Request	\$700,935	0.0	\$350,468	\$0	\$0	\$0	\$350,467
FY 2009-10 NP#1: "Commission on Family Medicine - Expanding Access to Primary Care"	\$22,222	0.0	\$11,111	\$0	\$0	\$0	\$11,111
FY 2009-10 January 2 Request	\$723,157	0.0	\$361,579	\$0	\$0	\$0	\$361,578
(5) Other Medical Services							
FY 2008-09 Supplemental Request	\$127,979,062	0.0	\$77,392,659	\$0	\$29,413,622	\$3,980,000	\$17,192,781
FY 2009-10 Base Request	\$134,225,702	0.0	\$83,446,252	\$0	\$31,692,000	\$1,891,768	\$17,195,682
FY 2009-10 January 2 Request	\$137,223,643	0.0	\$88,856,271	\$0	\$29,413,622	\$1,891,768	\$17,061,982

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(A) Executive Director's Office - Medicaid Funding							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$14,426,718	0.0	\$7,141,131	\$0	\$0	\$388	\$7,285,199
FY 2008-09 NP-S#3: "DHS - Regional Center Staffing High Need Clients"	\$68,000	0.0	\$34,000	\$0	\$0	\$0	\$34,000
FY 2008-09 Supplemental Request	\$14,494,718	0.0	\$7,175,131	\$0	\$0	\$388	\$7,319,199
Prior Year Salary Survey	(\$1,771,491)	0.0	(\$883,602)	\$0	\$0	\$0	(\$887,889)
Prior Year Performance-based Pay	(\$777,184)	0.0	(\$388,041)	\$0	\$0	\$0	(\$389,143)
Annualization of FY 2008-09 NP#3 "DHS - Human Resources Staff"	\$316	0.0	\$158	\$0	\$0	\$0	\$158
Common Policy Adjustment	\$2,621,517	0.0	\$1,384,625	\$0	\$0	\$0	\$1,236,892
FY 2008-09 NP-S#3: "DHS - Regional Center Staffing High Need Clients" Annualization	(\$68,000)	0.0	(\$34,000)	\$0	\$0	\$0	(\$34,000)
FY 2009-10 Base Request	\$14,499,876	0.0	\$7,254,271	\$0	\$0	\$388	\$7,245,217
FY 2009-10 NP#6: "DHS - Regional Centers - High Needs Clients"	\$120,284	0.0	\$60,142	\$0	\$0	\$0	\$60,142
FY 2009-10 NP#15: "DHS - Ombuds Program Increase - Workers' Compensation"	\$3,888	0.0	\$1,944	\$0	\$0	\$0	\$1,944
FY 2009-10 NP#18: "DHS - Budget Office Staffing"	\$31,403	0.0	\$15,702	\$0	\$0	\$0	\$15,701
FY 2009-10 NP-BA#1: "DHS - Regional Center Staffing High Need Clients"	\$642,197	0.0	\$321,099	\$0	\$0	\$0	\$321,098
FY 2009-10 January 2 Request	\$15,297,648	0.0	\$7,653,158	\$0	\$0	\$388	\$7,644,102
(B) Office of Information Technology Services - Medicaid Funding							
Colorado Benefits Management System							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$7,971,202	0.0	\$3,734,248	\$0	\$0	\$476,871	\$3,760,083
SB 08-006 Suspension of Medicaid Benefits FY 2008-09 Appropriation	\$94,092	0.0	\$44,079	\$0	\$5,142	\$487	\$44,384
SB 08-160 Health Care for Children FY 2008-09 Appropriation	\$31,866	0.0	\$0	\$0	\$16,835	\$0	\$15,031
SB 08-161 Medicaid and Children's Basic Health Plan - Eligibility and Appropriation FY 2008-09 Appropriation	\$5,554	0.0	\$0	\$0	\$2,933	\$0	\$2,621
HB 08-1046 Offenders Apply for Public Benefits FY 2008-09 Appropriation	\$26,408	0.0	\$12,371	\$0	\$1,580	\$0	\$12,457
FY 2008-09 NP-S#9: "DHS - Colorado Benefits Management System (CBMS) Refinancing"	\$927,944	0.0	\$0	\$0	\$217,364	\$0	\$710,580
FY 2008-09 Supplemental Request	\$9,057,066	0.0	\$3,790,698	\$0	\$243,854	\$477,358	\$4,545,156
SB 08-006 Annualization "Suspension of Medicaid Benefits"	(\$94,092)	0.0	(\$44,079)	\$0	(\$5,142)	(\$487)	(\$44,384)
SB 08-160 Annualization "Health Care for Children"	(\$14,452)	0.0	\$0	\$0	(\$7,635)	\$0	(\$6,817)
SB 08-161 Annualization "Medicaid and Children's Basic Health Plan - Eligibility and Appropriation"	(\$5,554)	0.0	\$0	\$0	(\$2,933)	\$0	(\$2,621)

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
HB 08-1046 Annualization "Offenders Apply for Public Benefits"	(\$26,408)	0.0	(\$12,371)	\$0	(\$1,580)	\$0	(\$12,457)
FY 2008-09 NP-S#9: "DHS - Colorado Benefits Management System (CBMS) Refinancing" Annualization	(\$927,944)	0.0	\$0	\$0	(\$217,364)	\$0	(\$710,580)
Prior Year Salary Survey	\$68,109	0.0	\$31,909	\$0	\$0	\$2,146	\$34,054
Prior Year Performance-based Pay	\$14,054	0.0	\$6,584	\$0	\$768	\$73	\$6,629
FY 2009-10 Base Request	\$8,070,779	0.0	\$3,772,741	\$0	\$9,968	\$479,090	\$3,808,980
FY 2009-10 NP#5: "DHS - Postage Increase and Mail Equipment Upgrade"	\$118,325	0.0	\$55,431	\$0	\$0	\$7,079	\$55,815
FY 2009-10 January 2 Request	\$8,189,104	0.0	\$3,828,172	\$0	\$9,968	\$486,169	\$3,864,795
CBMS SAS-70 Audit							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$51,718	0.0	\$24,228	\$0	\$0	\$3,094	\$24,396
FY 2008-09 NP-S#9: "DHS - Colorado Benefits Management System (CBMS) Refinancing"	\$5,357	0.0	\$0	\$0	\$1,255	\$0	\$4,102
FY 2008-09 Supplemental Request	\$57,075	0.0	\$24,228	\$0	\$1,255	\$3,094	\$28,498
FY 2008-09 NP-S#9: "DHS - Colorado Benefits Management System (CBMS) Refinancing" Annualization	(\$5,357)	0.0	\$0	\$0	(\$1,255)	\$0	(\$4,102)
FY 2009-10 Base Request	\$51,718	0.0	\$24,228	\$0	\$0	\$3,094	\$24,396
FY 2009-10 January 2 Request	\$51,718	0.0	\$24,228	\$0	\$0	\$3,094	\$24,396
CBMS Federal Reallocation							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2008-09 NP-S#5: "DHS - Colorado Benefits Management System (CBMS) Federal Reallocation"	\$974,393	0.0	\$0	\$0	\$0	\$0	\$974,393
FY 2008-09 Supplemental Request	\$974,393	0.0	\$0	\$0	\$0	\$0	\$974,393
FY 2009-10 NP-S#5: "DHS - Colorado Benefits Management System (CBMS) Federal Reallocation" Annualization	(\$974,393)	0.0	\$0	\$0	\$0	\$0	(\$974,393)
FY 2009-10 Base Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0
FY 2009-10 January 2 Request	\$0	0.0	\$0	\$0	\$0	\$0	\$0

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Other Office of Information Technology Services Line Items							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$427,453	0.0	\$213,867	\$0	\$0	\$0	\$213,586
FY 2008-09 Supplemental Request	\$427,453	0.0	\$213,867	\$0	\$0	\$0	\$213,586
Annualization of FY 2008-09 NP#5: "DHS - IT Infrastructure Support"	\$7,261	0.0	\$3,631	\$0	\$0	\$0	\$3,630
Prior Year Salary Survey	\$9,405	0.0	\$4,703	\$0	\$0	\$0	\$4,702
Prior Year Performance-based Pay	\$2,702	0.0	\$1,351	\$0	\$0	\$0	\$1,351
FY 2009-10 Base Request	\$446,821	0.0	\$223,552	\$0	\$0	\$0	\$223,269
FY 2009-10 NP#17: "DHS - State Fleet Variable Cost"	\$18	0.0	\$9	\$0	\$0	\$0	\$9
FY 2009-10 January 2 Request	\$446,839	0.0	\$223,561	\$0	\$0	\$0	\$223,278
(C) Office of Operations - Medicaid Funding							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$6,054,395	0.0	\$3,027,198	\$0	\$0	\$0	\$3,027,197
FY 2008-09 Supplemental Request	\$6,054,395	0.0	\$3,027,198	\$0	\$0	\$0	\$3,027,197
Prior Year Salary Survey	\$121,320	0.0	\$60,660	\$0	\$0	\$0	\$60,660
Prior Year Performance-based Pay	\$45,600	0.0	\$22,800	\$0	\$0	\$0	\$22,800
FY 2009-10 Base Request	\$6,221,315	0.0	\$3,110,658	\$0	\$0	\$0	\$3,110,657
FY 2009-10 NP#5: "DHS - Postage Increase and Mail Equipment Upgrade"	\$791	0.0	\$396	\$0	\$0	\$0	\$395
FY 2009-10 NP#7: "DHS - Inflationary Increase for DHS Residential Programs"	\$22,710	0.0	\$11,355	\$0	\$0	\$0	\$11,355
FY 2009-10 NP#16: "DHS - Annual Fleet Vehicle Replacements"	\$60,062	0.0	\$30,031	\$0	\$0	\$0	\$30,031
FY 2009-10 NP#17: "DHS - State Fleet Variable Cost"	\$7,953	0.0	\$3,977	\$0	\$0	\$0	\$3,976
FY 2009-10 January 2 Request	\$6,312,831	0.0	\$3,156,417	\$0	\$0	\$0	\$3,156,414
(D) Division of Child Welfare - Medicaid Funding							
Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$130,712	0.0	\$65,356	\$0	\$0	\$0	\$65,356
FY 2008-09 Supplemental Request	\$130,712	0.0	\$65,356	\$0	\$0	\$0	\$65,356
Prior Year Salary Survey	\$5,341	0.0	\$2,671	\$0	\$0	\$0	\$2,670
Prior Year Performance-based Pay	\$1,524	0.0	\$761	\$0	\$0	\$0	\$763
FY 2009-10 Base Request	\$137,577	0.0	\$68,788	\$0	\$0	\$0	\$68,789
FY 2009-10 January 2 Request	\$137,577	0.0	\$68,788	\$0	\$0	\$0	\$68,789

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Child Welfare Services							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$18,773,007	0.0	\$9,386,504	\$0	\$0	\$0	\$9,386,503
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	\$31,789	\$0	\$0	\$0	(\$31,789)
FY 2008-09 Supplemental Request	\$18,773,007	0.0	\$9,418,293	\$0	\$0	\$0	\$9,354,714
FY 2009-10 S#7: "Adjustment to Prior Year Fund Splits" Annualization	\$0	0.0	(\$31,789)	\$0	\$0	\$0	\$31,789
FY 2009-10 Base Request	\$18,773,007	0.0	\$9,386,504	\$0	\$0	\$0	\$9,386,503
FY 2009-10 NP#4: "DHS - Child Welfare Caseload"	\$365,144	0.0	\$182,572	\$0	\$0	\$0	\$182,572
FY 2009-10 January 2 Request	\$19,138,151	0.0	\$9,569,076	\$0	\$0	\$0	\$9,569,075
(E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding							
Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$325,197	0.0	\$162,598	\$0	\$0	\$0	\$162,599
FY 2008-09 NP-S#4: "DHS - Technical Supplemental"	(\$2)	0.0	(\$2)	\$0	\$0	\$0	\$0
FY 2008-09 Supplemental Request	\$325,195	0.0	\$162,596	\$0	\$0	\$0	\$162,599
FY 2008-09 NP-S#4: "DHS - Technical Supplemental" Annualization	\$2	0.0	\$2	\$0	\$0	\$0	\$0
Prior Year Salary Survey	\$18,155	0.0	\$9,078	\$0	\$0	\$0	\$9,077
Prior Year Performance-based Pay	\$5,620	0.0	\$2,810	\$0	\$0	\$0	\$2,810
FY 2009-10 Base Request	\$348,972	0.0	\$174,486	\$0	\$0	\$0	\$174,486
FY 2009-10 NP-BA#2: "DHS - Technical Supplemental"	(\$2)	0.0	(\$1)	\$0	\$0	\$0	(\$1)
FY 2009-10 January 2 Request	\$348,970	0.0	\$174,485	\$0	\$0	\$0	\$174,485
Residential Treatment for Youth (H.B. 99-1116)							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$119,225	0.0	\$35,499	\$0	\$0	\$0	\$83,726
FY 2008-09 NP-S#4: "DHS - Technical Supplemental"	\$0	0.0	\$0	\$0	\$24,114	\$0	(\$24,114)
FY 2008-09 Supplemental Request	\$119,225	0.0	\$35,499	\$0	\$24,114	\$0	\$59,612
FY 2008-09 NP-S#4: "DHS - Technical Supplemental" Annualization	\$0	0.0	\$0	\$0	(\$24,114)	\$0	\$24,114
FY 2009-10 Base Request	\$119,225	0.0	\$35,499	\$0	\$0	\$0	\$83,726
FY 2009-10 NP-BA#2: "DHS - Technical Supplemental"	\$0	0.0	\$0	\$0	\$24,114	\$0	(\$24,114)
FY 2009-10 January 2 Request	\$119,225	0.0	\$35,499	\$0	\$24,114	\$0	\$59,612
Mental Health Institutes							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$3,704,738	0.0	\$1,852,369	\$0	\$0	\$0	\$1,852,369
FY 2008-09 Supplemental Request	\$3,704,738	0.0	\$1,852,369	\$0	\$0	\$0	\$1,852,369
FY 2009-10 Base Request	\$3,704,738	0.0	\$1,852,369	\$0	\$0	\$0	\$1,852,369
FY 2009-10 January 2 Request	\$3,704,738	0.0	\$1,852,369	\$0	\$0	\$0	\$1,852,369

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Alcohol and Drug Abuse Division, Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$54,088	0.0	\$27,044	\$0	\$0	\$0	\$27,044
FY 2008-09 Supplemental Request	\$54,088	0.0	\$27,044	\$0	\$0	\$0	\$27,044
FY 2009-10 Base Request	\$54,088	0.0	\$27,044	\$0	\$0	\$0	\$27,044
FY 2009-10 January 2 Request	\$54,088	0.0	\$27,044	\$0	\$0	\$0	\$27,044
Alcohol and Drug Abuse Division, High Risk Pregnant Women Program							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,013,700	0.0	\$506,850	\$0	\$0	\$0	\$506,850
FY 2008-09 NP-S#4: "DHS - Technical Supplemental"	\$2	0.0	\$1	\$0	\$0	\$0	\$1
FY 2008-09 Supplemental Request	\$1,013,702	0.0	\$506,851	\$0	\$0	\$0	\$506,851
FY 2008-09 NP-S#4: "DHS - Technical Supplemental" Annualization	(\$2)	0.0	(\$1)	\$0	\$0	\$0	(\$1)
FY 2009-10 Base Request	\$1,013,700	0.0	\$506,850	\$0	\$0	\$0	\$506,850
FY 2009-10 NP#13: "DHS - High Risk Pregnant Women Program"	\$1,026,247	0.0	\$513,124	\$0	\$0	\$0	\$513,123
FY 2009-10 NP-BA#2: "DHS - Technical Supplemental"	\$2	0.0	\$1	\$0	\$0	\$0	\$1
FY 2009-10 January 2 Request	\$2,039,949	0.0	\$1,019,975	\$0	\$0	\$0	\$1,019,974
(F) Services for People with Disabilities - Medicaid Funding							
Community Services for People with Developmental Disabilities, Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,742,062	0.0	\$1,371,031	\$0	\$0	\$0	\$1,371,031
SB 08-002 Family Caregiver for Developmentally Disabled FY 2008-09 Appropriation	\$34,264	0.0	\$17,132	\$0	\$0	\$0	\$17,132
FY 2008-09 Supplemental Request	\$2,776,326	0.0	\$1,388,163	\$0	\$0	\$0	\$1,388,163
SB 08-002 Annualization "Family Caregiver for Developmentally Disabled"	\$72,582	0.0	\$36,291	\$0	\$0	\$0	\$36,291
Annualization of FY 2008-09 NP#4: "DHS - Regional Center ICF - MR Conversion and Year 2 of the Staffing Study"	\$10,848	0.0	\$5,424	\$0	\$0	\$0	\$5,424
Prior Year Salary Survey	\$90,680	0.0	\$45,340	\$0	\$0	\$0	\$45,340
Prior Year Performance-based Pay	\$28,970	0.0	\$14,485	\$0	\$0	\$0	\$14,485
FY 2009-10 Base Request	\$2,979,406	0.0	\$1,489,703	\$0	\$0	\$0	\$1,489,703
FY 2009-10 NP#5: "DHS - Postage Increase and Mail Equipment Upgrade"	\$72	0.0	\$36	\$0	\$0	\$0	\$36
FY 2009-10 NP#17: "DHS - State Fleet Variable Cost"	\$1,827	0.0	\$914	\$0	\$0	\$0	\$913
FY 2009-10 January 2 Request	\$2,981,305	0.0	\$1,490,653	\$0	\$0	\$0	\$1,490,652

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
Community Services for People with Developmental Disabilities, Program Costs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$300,903,609	0.0	\$149,835,764	\$0	\$583,199	\$0	\$150,484,646
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	\$1,140,253	\$0	\$0	\$0	(\$1,140,253)
FY 2008-09 Supplemental Request	\$300,903,609	0.0	\$150,976,017	\$0	\$583,199	\$0	\$149,344,393
Annualization of FY 2008-09 NP#10/NP#BA17: "Division of Developmental Disabilities New Resources Request"	\$12,658,599	0.0	\$6,329,300	\$0	\$0	\$0	\$6,329,299
FY 2009-10 S#7: "Adjustment to Prior Year Fund Splits" Annualization	\$0	0.0	(\$1,140,253)	\$0	\$0	\$0	\$1,140,253
FY 2009-10 Base Request	\$313,562,208	0.0	\$156,165,064	\$0	\$583,199	\$0	\$156,813,945
FY 2009-10 NP#3: "DHS - Community Funding for Individuals with Developmental Disabilities"	\$5,189,494	0.0	\$2,594,747	\$0	\$0	\$0	\$2,594,747
FY 2009-10 January 2 Request	\$318,751,702	0.0	\$158,759,811	\$0	\$583,199	\$0	\$159,408,692
Community Services for People with Developmental Disabilities, Federally-matched Local Program Costs							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,000,000	0.0	\$0	\$0	\$1,000,000	\$0	\$1,000,000
FY 2008-09 Supplemental Request	\$2,000,000	0.0	\$0	\$0	\$1,000,000	\$0	\$1,000,000
FY 2009-10 Base Request	\$2,000,000	0.0	\$0	\$0	\$1,000,000	\$0	\$1,000,000
FY 2009-10 January 2 Request	\$2,000,000	0.0	\$0	\$0	\$1,000,000	\$0	\$1,000,000
Regional Centers							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$46,137,930	0.0	\$22,089,464	\$0	\$0	\$979,501	\$23,068,965
FY 2008-09 S#7: "Adjustment to Prior Year Fund Splits"	\$0	0.0	\$38,815	\$0	\$0	\$0	(\$38,815)
FY 2008-09 NP-S#3: "DHS - Regional Center Staffing High Need Clients"	\$794,594	0.0	\$397,297	\$0	\$0	\$0	\$397,297
FY 2008-09 Supplemental Request	\$46,932,524	0.0	\$22,525,576	\$0	\$0	\$979,501	\$23,427,447
Annualization of FY 2008-09 NP#4: "Regional Center ICF - MR Conversion and Year 2 of the Staffing Study"	\$1,605,052	0.0	\$802,526	\$0	\$0	\$0	\$802,526
Annualization of FY 2008-09 JBC Staff Recommendation: "ICF - MR Provider Fee"	\$0	0.0	(\$40,126)	\$0	\$0	\$40,126	\$0
Prior Year Salary Survey	\$1,456,662	0.0	\$728,331	\$0	\$0	\$0	\$728,331
Prior Year Performance-based Pay	\$520,295	0.0	\$260,148	\$0	\$0	\$0	\$260,147
FY 2009-10 S#7: "Adjustment to Prior Year Fund Splits" Annualization	\$0	0.0	(\$38,815)	\$0	\$0	\$0	\$38,815

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
FY 2008-09 NP-S#3: "DHS - Regional Center Staffing High Need Clients" Annualization	(\$794,594)	0.0	(\$397,297)	\$0	\$0	\$0	(\$397,297)
FY 2009-10 Base Request	\$49,719,939	0.0	\$23,840,343	\$0	\$0	\$1,019,627	\$24,859,969
FY 2009-10 NP#5: "DHS - Postage Increase and Mail Equipment Upgrade"	\$996	0.0	\$498	\$0	\$0	\$0	\$498
FY 2009-10 NP#6: "DHS - Regional Centers - High Needs Clients"	\$1,383,218	0.0	\$691,609	\$0	\$0	\$0	\$691,609
FY 2009-10 NP#7: "DHS - Inflationary Increase for DHS Residential Programs"	\$65,162	0.0	\$32,581	\$0	\$0	\$0	\$32,581
FY 2009-10 NP#8: "DHS - Direct Care Capital Outlay for Regional Centers, Mental Health Institutes, and Facilities Management; and Facilities Management Operating Increase"	\$164,250	0.0	\$82,125	\$0	\$0	\$0	\$82,125
FY 2009-10 NP#17: "DHS - State Fleet Variable Cost"	\$83,987	0.0	\$41,994	\$0	\$0	\$0	\$41,993
FY 2009-10 NP-BA#1: "DHS - Regional Center Staffing High Need Clients"	\$1,253,328	0.0	\$626,664	\$0	\$0	\$0	\$626,664
FY 2009-10 January 2 Request	\$52,670,880	0.0	\$25,315,814	\$0	\$0	\$1,019,627	\$26,335,439
Regional Center Depreciation and Annual Adjustments							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,142,912	0.0	\$571,456	\$0	\$0	\$0	\$571,456
FY 2008-09 Supplemental Request	\$1,142,912	0.0	\$571,456	\$0	\$0	\$0	\$571,456
FY 2009-10 Base Request	\$1,142,912	0.0	\$571,456	\$0	\$0	\$0	\$571,456
FY 2009-10 January 2 Request	\$1,142,912	0.0	\$571,456	\$0	\$0	\$0	\$571,456
(G) Adult Assistance Programs, Community Services for the Elderly - Medicaid Funding							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$1,800	0.0	\$900	\$0	\$0	\$0	\$900
FY 2008-09 Supplemental Request	\$1,800	0.0	\$900	\$0	\$0	\$0	\$900
FY 2009-10 Base Request	\$1,800	0.0	\$900	\$0	\$0	\$0	\$900
FY 2009-10 January 2 Request	\$1,800	0.0	\$900	\$0	\$0	\$0	\$900
(H) Division of Youth Corrections - Medicaid Funding							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$2,885,273	0.0	\$1,442,637	\$0	\$0	\$0	\$1,442,636
FY 2008-09 Supplemental Request	\$2,885,273	0.0	\$1,442,637	\$0	\$0	\$0	\$1,442,636
Prior Year Salary Survey	\$1,819	0.0	\$910	\$0	\$0	\$0	\$909
Prior Year Performance-based Pay	\$651	0.0	\$325	\$0	\$0	\$0	\$326
Common Policy Adjustment	(\$130)	0.0	(\$65)	\$0	\$0	\$0	(\$65)
FY 2009-10 Base Request	\$2,887,613	0.0	\$1,443,807	\$0	\$0	\$0	\$1,443,806
FY 2009-10 January 2 Request	\$2,887,613	0.0	\$1,443,807	\$0	\$0	\$0	\$1,443,806

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FY 2009-10 RECONCILIATION OF DEPARTMENT REQUEST

(6) Department of Human Services Medicaid-Funded Programs

Long Bill Line Item	Total Funds	FTE	General Fund	General Fund Exempt	Cash Funds	Reappropriated Funds	Federal Funds
(I) Other Contractual Services							
Transfer to the Department of Human Services for Related Administration							
FY 2008-09 Long Bill Appropriation (HB 08-1375)	\$74,564	0.0	\$37,282	\$0	\$0	\$0	\$37,282
FY 2008-09 Supplemental Request	\$74,564	0.0	\$37,282	\$0	\$0	\$0	\$37,282
FY 2009-10 Base Request	\$74,564	0.0	\$37,282	\$0	\$0	\$0	\$37,282
FY 2009-10 January 2 Request	\$74,564	0.0	\$37,282	\$0	\$0	\$0	\$37,282
(6) Department of Human Services Medicaid-Funded Programs							
FY 2008-09 Supplemental Request	\$411,902,775	0.0	\$203,241,161	\$0	\$1,852,422	\$1,460,341	\$205,348,851
FY 2009-10 Base Request	\$425,810,258	0.0	\$209,985,545	\$0	\$1,593,167	\$1,502,199	\$212,729,347
FY 2009-10 January 2 Request	\$436,351,614	0.0	\$215,252,495	\$0	\$1,617,281	\$1,509,278	\$217,972,560

Colorado Department of Health Care Policy and Financing
 FY 2009-10 Budget Cycle
 Schedule 2

FY 2006-07		FY 2007-08		FY 2008-09		FY 2008-09		FY 2009-10	
Actuals	FTE	Actuals	FTE	Appropriated	FTE	Estimate	FTE	Request	FTE

(1) Executive Director's Office

Total Expenditures / Appropriation / Request										
Total Funds	\$99,657,660	225.4	\$98,015,869	243.8	\$108,379,680	272.7	\$104,506,837	268.9	\$114,669,695	278.6
General Fund	\$32,643,173		\$31,956,221		\$36,695,562		\$35,551,229		\$40,186,295	
General Fund Exempt	\$0		\$0		\$0		\$0		\$0	
Cash Funds	\$279,390		\$264,868		\$8,783,862		\$7,223,407		\$7,090,950	
Cash Funds Exempt / Reappropriated Funds	\$6,185,351		\$9,559,508		\$1,790,768		\$1,790,768		\$1,796,132	
Federal Funds	\$60,549,746		\$56,235,272		\$61,109,488		\$59,941,433		\$65,596,318	

(2) Medical Services Premiums

Total Expenditures / Appropriation / Request										
Total Funds	\$2,061,396,808	0.0	\$2,237,284,805	0.0	\$2,322,097,599	0.0	\$2,424,373,529	0.0	\$2,558,834,293	0.0
General Fund	\$633,377,714		\$714,806,487		\$703,222,480		\$737,506,802		\$782,820,047	
General Fund Exempt	\$343,100,000		\$327,500,000		\$369,000,000		\$369,000,000		\$369,000,000	
Cash Funds	\$0		\$0		\$85,281,324		\$102,737,722		\$122,733,559	
Cash Funds Exempt / Reappropriated Funds	\$48,860,206		\$72,252,413		\$2,767,998		\$2,809,192		\$2,898,693	
Federal Funds	\$1,036,058,888		\$1,122,725,905		\$1,161,825,797		\$1,212,319,813		\$1,281,381,994	

(3) Medicaid Mental Health Community Programs

Total Expenditures / Appropriation / Request										
Total Funds	\$220,303,164	0.0	\$197,346,769	0.0	\$209,385,156	0.0	\$213,499,512	0.0	\$227,400,509	0.0
General Fund	\$90,516,664		\$94,840,019		\$97,698,852		\$98,816,799		\$104,029,226	
General Fund Exempt	\$0		\$0		\$0		\$0		\$0	
Cash Funds	\$0		\$0		\$6,976,195		\$7,914,409		\$9,650,492	
Cash Funds Exempt / Reappropriated Funds	\$36,775,755		\$4,311,729		\$7,205		\$7,648		\$8,451	
Federal Funds	\$93,010,745		\$98,195,021		\$104,702,904		\$106,760,656		\$113,712,340	

Colorado Department of Health Care Policy and Financing
 FY 2009-10 Budget Cycle
 Schedule 2

FY 2006-07		FY 2007-08		FY 2008-09		FY 2008-09		FY 2009-10	
Actuals	FTE	Actuals	FTE	Appropriated	FTE	Estimate	FTE	Request	FTE

(4) Indigent Care Program

Total Expenditures / Appropriation / Request										
Total Funds	\$458,061,485	0.0	\$530,307,097	0.0	\$578,671,842	0.0	\$551,556,565	0.0	\$588,307,159	0.0
General Fund	\$30,743,877		\$39,438,109		\$36,701,662		\$36,701,662		\$40,972,202	
General Fund Exempt	\$516,036		\$490,885		\$495,000		\$495,000		\$495,000	
Cash Funds	\$232,136		\$283,367		\$238,412,149		\$226,600,025		\$234,498,835	
Cash Funds Exempt / Reappropriated Funds	\$214,060,298		\$235,355,205		\$15,525,328		\$15,843,862		\$20,182,659	
Federal Funds	\$212,509,138		\$254,739,531		\$287,537,703		\$271,916,016		\$292,158,463	

(5) Other Medical Services

Total Expenditures / Appropriation / Request										
Total Funds	\$113,130,383	0.0	\$106,301,466	0.0	\$136,308,131	0.0	\$127,979,062	0.0	\$137,223,643	0.0
General Fund	\$73,397,158		\$83,072,252		\$83,443,350		\$77,392,659		\$88,856,271	
General Fund Exempt	\$0		\$0		\$0		\$0		\$0	
Cash Funds	\$0		\$0		\$31,692,000		\$29,413,622		\$29,413,622	
Cash Funds Exempt / Reappropriated Funds	\$26,942,013		\$21,191,928		\$3,980,000		\$3,980,000		\$1,891,768	
Federal Funds	\$12,791,212		\$2,037,286		\$17,192,781		\$17,192,781		\$17,061,982	

(6) Department of Human Services Medicaid-Funding

Total Expenditures / Appropriation / Request										
Total Funds	\$333,128,748	0.0	\$351,308,449	0.0	\$409,132,487	0.0	\$411,902,775	0.0	\$436,351,614	0.0
General Fund	\$159,238,552		\$172,182,852		\$201,599,008		\$203,241,161		\$215,252,495	
General Fund Exempt	\$0		\$0		\$0		\$0		\$0	
Cash Funds	\$0		\$0		\$1,609,689		\$1,852,422		\$1,617,281	
Cash Funds Exempt / Reappropriated Funds	\$6,931,705		\$2,614,171		\$1,460,341		\$1,460,341		\$1,509,278	
Federal Funds	\$166,958,491		\$176,511,426		\$204,463,449		\$205,348,851		\$217,972,560	

Colorado Department of Health Care Policy and Financing
 FY 2009-10 Budget Cycle
 Schedule 2

<u>FY 2006-07</u>	<u>FY 2007-08</u>	<u>FY 2008-09</u>	<u>FY 2008-09</u>	<u>FY 2009-10</u>
Actuals FTE	Actuals FTE	Appropriated FTE	Estimate FTE	Request FTE

Department Total

Total Expenditures / Appropriation / Request														
Total Funds	\$3,285,678,248	225.4		\$3,520,564,455	243.8		\$3,763,974,895	272.7		\$3,833,818,280	268.9		\$4,062,786,913	278.6
General Fund	\$1,019,917,138			\$1,136,295,940			\$1,159,360,914			\$1,189,210,312			\$1,272,116,536	
General Fund Exempt	\$343,616,036			\$327,990,885			\$369,495,000			\$369,495,000			\$369,495,000	
Cash Funds	\$511,526			\$548,235			\$372,755,219			\$375,741,607			\$405,004,739	
Cash Funds Exempt / Reappropriated Funds	\$339,755,328			\$345,284,954			\$25,531,640			\$25,891,811			\$28,286,981	
Federal Funds	\$1,581,878,220			\$1,710,444,441			\$1,836,832,122			\$1,873,479,550			\$1,987,883,657	

**Schedule 10
Summary of FY 2009-10 Change Requests**

Department Name: Health Care Policy and Financing
Submission Date: January 2, 2009
Number of Decision Items and Budget Amendments: 19
Number of Base Reduction Items: 2
Number of Non Prioritized Items: 20

Total Impact					\$239,337,883	2.60	\$103,792,417	\$13,443,974	\$4,734,418	\$117,367,074	
Schedule 10 Priority	November 3, 2008 Priority	January 2, 2009 Priority	January 23, 2009 Priority	Title	IT Request?	Total Request (FY 2009-10)	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 Decision Items											
1	DI-1	N/A	N/A	Request for FY 2009-10 Medical Services Premiums	No	\$212,621,798	0.00	\$80,080,442	\$24,911,912	\$130,695	\$107,498,749
2	DI-2	N/A	N/A	Request for FY 2009-10 Medicaid Mental Health Community Programs	No	\$16,295,696	0.00	\$6,001,519	\$2,143,323	\$1,246	\$8,149,608
3	DI-3	N/A	N/A	Children's Basic Health Plan Medical Premium and Dental Benefit	No	(\$17,562,527)	0.00	\$4,270,540	(\$12,328,096)	\$4,595,238	(\$14,100,209)
4	DI-4	N/A	N/A	Medicaid Modernization Act State Contribution Payment	No	\$5,310,019	0.00	\$5,310,019	\$0	\$0	\$0
5	DI-5	N/A	N/A	Improved Eligibility and Enrollment Processing	No	\$7,528,132	2.80	\$3,591,238	\$0	\$0	\$3,936,894
6	DI-6	N/A	N/A	Medicaid Value-Based Care Coordination Initiative	No	\$2,397,709	1.80	\$899,050	\$8,954	\$0	\$1,489,705
7	DI-7	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
8	DI-8	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
9	DI-9	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
10	DI-10	N/A	N/A	Annual Medicaid Management Information System Cost Adjustment	Yes	\$290,117	0.00	\$70,353	\$3,046	\$0	\$216,718
11	DI-11	N/A	N/A	Additional Leased Space for Standardization	No	\$221,334	0.00	\$110,667	\$0	\$0	\$110,667
12	DI-12	N/A	N/A	Enhance Medicaid Management Information System Effectiveness	Yes	\$395,029	0.90	\$114,828	\$0	\$0	\$280,201
13	DI-13	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
14	DI-14	N/A	N/A	Nursing Facility Audit Reprocurement	No	\$129,866	0.00	\$64,933	\$0	\$0	\$64,933
15	DI-15	N/A	N/A	Provider Web Portal Reprocurement	Yes	\$350,514	0.00	\$87,629	\$0	\$0	\$262,885
16	DI-16	N/A	N/A	School Based Medical Assistance Site Pilot Expansion	No	\$32,718	0.00	\$11,410	\$3,722	\$0	\$17,586
17	DI-17	N/A	N/A	School Health Services Program Auditor	No	\$0	0.00	\$0	\$0	\$0	\$0
18	N/A	BA-5	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
19	N/A	BA-6	N/A	Adjustment to Prior Year Fund Splits	No	\$0	0.00	(\$10,272)	\$10,272	\$0	\$0
20	N/A	BA-7	N/A	Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners	No	\$5,190,447	0.00	\$0	\$2,595,224	\$0	\$2,595,223
21	N/A	BA-8	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
22	N/A	BA-9	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
23	N/A	BA-10	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
24	N/A	BA-11	N/A	Reallocation of the Health Care Services Fund	No	\$0	0.00	\$0	\$0	\$0	\$0
25	N/A	BA-12	N/A	Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program	No	\$3,286,155	0.00	\$0	\$0	\$0	\$3,286,155
26	N/A	BA-13	N/A	Eliminate Colorado Cares Fund	No	(\$3,915,972)	(3.80)	\$6,655	(\$3,929,281)	\$0	\$6,654
27	N/A	BA-14	N/A	Reduce Funding for Administrative Case Management	No	(\$2,377,785)	0.00	(\$1,188,892)	\$0	\$0	(\$1,188,893)
FY 2009-10 Decision Items						\$230,193,250	1.70	\$99,420,119	\$13,419,076	\$4,727,179	\$112,626,876

**Schedule 10
Summary of FY 2009-10 Change Requests**

Department Name: Health Care Policy and Financing
Submission Date: January 2, 2009
Number of Decision Items and Budget Amendments: 19
Number of Base Reduction Items: 2
Number of Non Prioritized Items: 20

Total Impact						\$239,337,883	2.60	\$103,792,417	\$13,443,974	\$4,734,418	\$117,367,074
Schedule 10 Priority	November 3, 2008 Priority	January 2, 2009 Priority	January 23, 2009 Priority	Title	IT Request?	Total Request (FY 2009-10)	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2009-10 Base Reduction Items											
1	N/A	N/A	N/A	Pharmacy Technical and Pricing Efficiencies	No	(\$31,507)	0.00	(\$207,348)	\$0	\$0	\$175,841
2	N/A	N/A	N/A	Medicaid Program Efficiencies	No	(\$1,731,018)	0.90	(\$865,509)	\$0	\$0	(\$865,509)
FY 2009-10 Base Reduction Items						(\$1,762,525)	0.90	(\$1,072,857)	\$0	\$0	(\$689,668)
FY 2009-10 Non-Prioritized Decision Items											
1	NP-1	N/A	N/A	Commission on Family Medicine - Expanding Access to Primary Care	No	\$200,000	0.00	\$100,000	\$0	\$0	\$100,000
2	NP-2	N/A	N/A	Department of Regulatory Agencies Sunset Reviews	No	\$14,000	0.00	\$4,500	\$500	\$0	\$9,000
3	NP-3	N/A	N/A	DHS - Community Funding for Individuals with Developmental Disabilities	No	\$5,292,883	0.00	\$2,646,442	\$0	\$0	\$2,646,441
4	NP-4	N/A	N/A	DHS - Child Welfare Caseload	No	\$365,144	0.00	\$182,572	\$0	\$0	\$182,572
5	NP-5	N/A	N/A	DHS - Postage Increase and Mail Equipment Upgrade	No	\$120,184	0.00	\$56,361	\$0	\$7,079	\$56,744
6	NP-6	N/A	N/A	DHS - Regional Center Staffing High Needs Clients	No	\$1,503,502	0.00	\$751,751	\$0	\$0	\$751,751
7	NP-7	N/A	N/A	DHS - Inflationary Increase for DHS Residential Programs	No	\$87,872	0.00	\$43,936	\$0	\$0	\$43,936
8	NP-8	N/A	N/A	DHS - Direct Care Capital Outlay for Regional Centers, Mental Health Institutes, and Facilities Management and Facilities Management Operating Increase	No	\$164,250	0.00	\$82,125	\$0	\$0	\$82,125
9	NP-9	N/A	N/A	DPA - Mail Equipment Upgrade	No	\$15,596	0.00	\$7,483	\$218	\$123	\$7,772
10	NP-10	N/A	N/A	DPA - Ombuds Program Increase less Annualization of CSEAP Program Increase	No	\$49	0.00	\$25	\$0	\$0	\$24
11	NP-11	N/A	N/A	DPA - Office of Administrative Courts Staffing Adjustments	No	\$18,152	0.00	\$9,076	\$0	\$0	\$9,076
12	NP-12	N/A	N/A	DPA - Postage Increase	No	\$4,690	0.00	\$2,250	\$66	\$37	\$2,337
13	NP-13	N/A	N/A	DHS - High Risk Pregnant Women Program	No	\$1,026,247	0.00	\$513,124	\$0	\$0	\$513,123
14	NP-14	N/A	N/A	DPHE - Fleet Common Policy for Facility Survey and Certification	No	\$9,926	0.00	\$3,176	\$0	\$0	\$6,750
15	NP-15	N/A	N/A	DHS - Ombuds Program Increase - Workers Compensation	No	\$3,888	0.00	\$1,944	\$0	\$0	\$1,944
16	NP-16	N/A	N/A	DHS - Annual Fleet Vehicle Replacements	No	\$60,062	0.00	\$30,031	\$0	\$0	\$30,031
17	NP-17	N/A	N/A	DHS - State Fleet Variable Cost	No	\$93,785	0.00	\$46,894	\$0	\$0	\$46,891
18	NP-18	N/A	N/A	DHS - Budget Office Staffing	No	\$31,403	0.00	\$15,702	\$0	\$0	\$15,701
19	N/A	NP-BA1	N/A	DHS - Regional Center Staffing High Needs Clients	No	\$1,895,525	0.00	\$947,763	\$0	\$0	\$947,762
20	N/A	NP-BA2	N/A	DHS - Technical Supplemental	No	\$0	0.00	\$0	\$24,114	\$0	(\$24,114)
FY 2009-10 Non-Prioritized Decision Items						\$10,907,158	0.00	\$5,445,155	\$24,898	\$7,239	\$5,429,866

**Schedule 11
Summary of Supplemental Requests for FY 2008-09**

Department Name:

Health Care Policy and Financing

Submission Date:

January 2, 2009

Number of Prioritized Supplemental Requests:

14

Priority #	Page #	Tab #	Title	IT Request	Total Request (FY 2008-09)	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2008-09 Prioritized Supplemental Requests										
S-1	S.1-1	1	Request for FY 2009-10 Medical Services Premiums	No	\$91,485,775	0.00	\$30,263,531	\$14,426,249	\$41,194	\$46,754,801
S-2	S.2-1	2	Request for FY 2008-09 Medicaid Mental Health Community Programs	No	\$4,114,356	0.00	\$1,117,947	\$938,214	\$443	\$2,057,752
S-3	S.3-1	3	Children's Basic Health Plan Medical Premium and Dental Benefit Costs	No	(\$25,195,736)	0.00	\$0	(\$9,209,276)	\$318,534	(\$16,304,994)
S-4	S.4-1	4	Medicaid Modernization Act State Contribution Payment	No	\$776,991	0.00	\$776,991	\$0	\$0	\$0
S-5	S.5-1	5	FY 2007-08 Medicaid Programs Overexpenditure	No	\$0	0.00	\$0	\$0	\$0	\$0
S-6	S.6-1	6	Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing	No	(\$2,097,825)	0.00	(\$2,097,825)	\$0	\$0	\$0
S-7	S.7-1	7	Adjustment to Prior Year Fund Splits	No	\$0	0.00	\$481,579	\$20,212	\$0	(\$501,791)
S-8	S.8-1	8	Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners	No	\$6,060,298	0.00	\$0	\$3,030,149	\$0	\$3,030,149
S-9	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
S-10	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
S-11	S.11-1	11	Nursing Facility Audits to Implement HB 08-1114	No	\$144,600	0.00	\$0	\$72,300	\$0	\$72,300
S-12	S.12-1	12	Reallocation of the Health Care Services Fund	No	\$0	0.00	\$0	\$0	\$0	\$0
S-13	S.13-1	13	Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program	No	\$3,286,155	0.00	\$0	\$0	\$0	\$3,286,155
S-14	S.14-1	14	Eliminate Colorado Cares Fund	No	(\$3,918,036)	(3.80)	\$6,655	(\$3,931,345)	\$0	\$6,654
S-15	S.15-1	15	Reduce Funding for Administrative Case Management	No	(\$2,377,785)	0.00	(\$1,188,892)	\$0	\$0	(\$1,188,893)
S-16	S.16-1	16	Revised Implementation of SB 06-145 Local Government Provider Fee	No	(\$5,205,696)	0.00	\$0	(\$2,602,848)	\$0	(\$2,602,848)
FY 2008-09 Supplemental Request Subtotal					\$67,073,097	(3.80)	\$29,359,986	\$2,743,655	\$360,171	\$34,609,285

**Schedule 11
Summary of Supplemental Requests for FY 2008-09**

Department Name:

Health Care Policy and Financing

Submission Date:

January 2, 2009

Number of Prioritized Supplemental Requests:

14

Priority #	Page #	Tab #	Title	IT Request	Total Request (FY 2008-09)	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
FY 2008-09 Non-Prioritized Supplemental Requests										
NP-S1	S.17.1-1	17	DPHE - Adjustment to Medicaid Funding for CDPHE Survey and Certification	No	\$0	0.00	\$58,116	\$0	\$0	(\$58,116)
NP-S2	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
NP-S3	S.17.3-1	17	DHS - Regional Center Staffing High Needs Clients	No	\$862,594	0.00	\$431,297	\$0	\$0	\$431,297
NP-S4	S.17.4-1	17	DHS - Technical Supplemental	No	\$0	0.00	(\$1)	\$24,114	\$0	(\$24,113)
NP-S5	S.17.5-1	17	DHS - Colorado Benefits Management System (CBMS) Federal Reallocation	No	\$974,393	0.00	\$0	\$0	\$0	\$974,393
NP-S6	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
NP-S7	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
NP-S8	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
NP-S9	S.17.9-1	17	DHS - Colorado Benefits Management System (CBMS) Refinancing	No	\$933,301	0.00	\$0	\$218,619	\$0	\$714,682
Non-Prioritized FY 2008-09 Supplemental Requests Subtotal					\$2,770,288	0.00	\$489,412	\$242,733	\$0	\$2,038,143
Emergency FY 2008-09 Supplementals Already Submitted										
Sent to JBC Date				JBC Decision						
September 22, 2008	Colorado Benefits Management System (CBMS) New Vendor Transition			Approved	\$867,750	0.00	\$406,512	\$47,425	\$4,488	\$409,325
September 22, 2008	High Risk Pregnant Women Program Emergency Supplemental			Approved	\$506,433	0.00	\$253,216	\$0	\$0	\$253,217
Approved Emergency FY 2008-09 Supplemental Requests Subtotal					\$1,374,183	0.00	\$659,728	\$47,425	\$4,488	\$662,542
GRAND TOTAL FY 2008-09 Supplemental Requests					\$71,217,568	(3.80)	\$30,509,126	\$3,033,813	\$364,659	\$37,309,970

Schedule 12
Summary of FY 2009-10 Budget Request Amendments

Department Name: Health Care Policy and Financing

Submission Date: January 2, 2009

Number of Prioritized Budget Amendments: 10

Priority#	Page #	Tab #	Title	IT Request	Total Request (FY 2009-10)	FTE	General Fund	Cash Funds	Cash Funds Exempt	Federal Funds
Health Care Policy and Financing FY 2009-10 Budget Request Amendments Associated with Supplementals										
BA-1	S.1-1	1	Request for FY 2009-10 Medical Services Premiums	No	TBD	0.00	TBD	TBD	TBD	TBD
BA-2	S.2-1	2	Request for FY 2009-10 Medicaid Mental Health Community Programs	No	TBD	0.00	TBD	TBD	TBD	TBD
BA-3	S.3-1	3	Children's Basic Health Plan Medical Premium and Dental Benefit Costs	No	TBD	0.00	TBD	TBD	TBD	TBD
BA-4	S.4-1	4	Medicaid Modernization Act State Contribution Payment	No	TBD	0.00	TBD	TBD	TBD	TBD
BA-5	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
BA-6	S.7-1	7	Adjustment to Prior Year Fund Splits	No	\$0	0.00	(\$10,272)	\$10,272	\$0	\$0
BA-7	S.8-1	8	Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners	No	\$5,190,447	0.00	\$0	\$2,595,224	\$0	\$2,595,223
BA-8	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
BA-9	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
BA-10	N/A	N/A	This priority number has been intentionally left blank.	No	\$0	0.00	\$0	\$0	\$0	\$0
BA-11	S.12-1	12	Reallocation of the Health Care Services Fund	No	\$0	0.00	\$0	\$0	\$0	\$0
BA-12	S.13-1	13	Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program	No	\$3,286,155	0.00	\$0	\$0	\$0	\$3,286,155
BA-13	S.14-1	14	Eliminate Colorado Cares Fund	No	(\$3,915,972)	(3.80)	\$6,655	(\$3,929,281)	\$0	\$6,654
BA-14	S.15-1	15	Reduce Funding for Administrative Case Management	No	(\$2,377,785)	0.00	(\$1,188,892)	\$0	\$0	(\$1,188,893)
FY 2009-10 HCPF Budget Request Amendments Associated with Supplementals Subtotal					\$2,182,845	(3.80)	(\$1,192,509)	(\$1,323,785)	\$0	\$4,699,139
Health Care Policy and Financing FY 2009-10 Non-Prioritized Budget Request Amendments Associated with Supplementals										
NP-BA1	S.17.3-1	17	DHS - Regional Center Staffing High Needs Clients	No	\$1,895,525	0.00	\$947,763	\$0	\$0	\$947,762
NP-BA2	S.17.4-1	17	DHS - Technical Supplemental	No	\$0	0.00	\$0	\$24,114	\$0	(\$24,114)
FY 2009-10 HCPF Non-Prioritized Budget Request Amendments Associated with Supplementals					\$1,895,525	0.00	\$947,763	\$24,114	\$0	\$923,648
GRAND TOTAL FY 2009-10 Budget Request Amendments					\$4,078,370	(3.80)	(\$244,746)	(\$1,299,671)	\$0	\$5,622,787

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: Request for FY 2009-10 Medical Services Premiums		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: October 31, 2008			
Priority Number: DI-1					OSPb Approval: <i>John</i>			Date: 10-24-08			
		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items		Total 2,237,284,805	2,322,097,599	91,485,775	2,413,583,374	2,343,782,122	212,621,798	2,556,403,920	0	2,556,403,920	212,621,798
FTE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GF		714,806,487	703,222,480	30,263,531	733,486,011	704,128,595	80,080,442	784,209,037	0	784,209,037	80,080,442
GFE		327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
CF		0	85,281,324	14,426,249	99,707,573	95,217,469	24,911,912	120,129,381	0	120,129,381	24,911,912
CFE/RF		72,252,413	2,767,998	41,194	2,809,192	2,767,998	130,695	2,898,693	0	2,898,693	130,695
FF		1,122,725,905	1,161,825,797	46,754,801	1,208,580,598	1,172,668,060	107,498,749	1,280,166,809	0	1,280,166,809	107,498,749
(2) Medical Services Premiums		Total 2,237,284,805	2,322,097,599	91,485,775	2,413,583,374	2,343,782,122	212,621,798	2,556,403,920	0	2,556,403,920	212,621,798
FTE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
GF		714,806,487	703,222,480	30,263,531	733,486,011	704,128,595	80,080,442	784,209,037	0	784,209,037	80,080,442
GFE		327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
CF		0	85,281,324	14,426,249	99,707,573	95,217,469	24,911,912	120,129,381	0	120,129,381	24,911,912
CFE/RF		72,252,413	2,767,998	41,194	2,809,192	2,767,998	130,695	2,898,693	0	2,898,693	130,695
FF		1,122,725,905	1,161,825,797	46,754,801	1,208,580,598	1,172,668,060	107,498,749	1,280,166,809	0	1,280,166,809	107,498,749
Non-Line Item Request:		None									
Letternote Revised Text:		FY 2008-09: ^a Of this amount, \$77,887,758 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (i), C.R.S.; \$15,150,250 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program; \$784,875 shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805, C.R.S.; \$1,903,980 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (B) (a), C.R.S.; and, \$3,980,710 shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S. FY 2009-10: ^a Of this amount, \$85,700,132 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (i), C.R.S.; \$15,769,042 represents public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program; \$784,875 shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805, C.R.S.; \$1,046,828 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25.5-5-308 (B) (a), C.R.S.; and, \$16,828,504 shall be from the Medicaid Nursing Facility Cash Fund created in Section 25.5-6-203 (2) (a), C.R.S.									
Cash or Federal Fund Name and COFRS Fund Number:		CF: Colorado Autism Treatment Fund 18A; Breast and Cervical Cancer Prevention and Treatment Fund 15D, Certified Public Expenditures; Health Care Expansion Fund 18K; Medicaid Nursing Facility Cash Fund 22X. FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		Transfer from the Department of Public Health and Environment, Prevention, Early Detection, and Treatment Fund									
Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments:		N/A									

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10				
Request Title:		Request for FY 2008-09 Medicaid Mental Health Community Programs										
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew <i>JB</i>		Date:		January 2, 2009 <i>12/23/08</i>	
Priority Number:		S-2			OSPB Approval:		<i>John H. 2</i>		Date:		<i>12-23-08</i>	
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision/ Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11	
Total of All Line Items	Total	197,346,769	209,385,155	4,114,356	213,499,512	211,093,989	16,295,696	227,389,685	0	227,389,685	16,295,696	
	FTE	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	94,840,019	97,698,852	1,117,947	98,816,799	98,022,295	6,001,519	104,023,814	0	104,023,814	6,001,519	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	6,976,195	938,214	7,914,409	7,507,169	2,143,323	9,650,492	0	9,650,492	2,143,323	
	CFE/RF	4,311,729	7,205	443	7,648	7,205	1,246	8,451	0	8,451	1,246	
	FF	98,195,021	104,702,904	2,057,752	106,760,656	105,557,320	8,149,608	113,706,928	0	113,706,928	8,149,608	
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	Total	196,011,033	207,799,886	4,262,471	212,062,357	209,508,719	16,399,894	225,908,613	0	225,908,613	16,399,894	
	FTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	94,172,151	96,906,217	1,192,004	98,098,221	97,229,660	6,053,618	103,283,278	0	103,283,278	6,053,618	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	6,976,195	938,214	7,914,409	7,507,169	2,143,323	9,650,492	0	9,650,492	2,143,323	
	CFE/RF	4,311,729	7,205	443	7,648	7,205	1,246	8,451	0	8,451	1,246	
	FF	97,527,153	103,910,269	2,131,810	106,042,079	104,764,685	8,201,707	112,966,392	0	112,966,392	8,201,707	
(3) Medicaid Mental Health Community Programs; (B) Other Medicaid Mental Health Payments, Medicaid Mental Health Fee for Service Payments	Total	1,335,736	1,585,270	(148,115)	1,437,155	1,585,270	(104,198)	1,481,072	0	1,481,072	(104,198)	
	FTE	0.00	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	
	GF	667,868	792,635	(74,057)	718,578	792,635	(52,099)	740,536	0	740,536	(52,099)	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	0	0	0	0	0	0	0	0	0	
	FF	667,868	792,635	(74,058)	718,577	792,635	(52,099)	740,536	0	740,536	(52,099)	
Non-Line Item Request:	None											
Letternote Revised Text:	* This amount (\$6,590,965) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (i), C.R.S. Of this amount, \$7,470,859 shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (i), C.R.S.; \$897 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund as directed by Section 25.5-5-308 (9) (d) C.R.S.; and \$57,423 shall be from the Colorado Autism Treatment Fund created in Section 25.5-6-805, C.R.S.											
Cash or Federal Fund Name and COFRS Fund Number:	CF: Health Care Expansion Fund (Fund 18K); Breast and Cervical Cancer Prevention and Treatment Fund (Fund 15D); Colorado Autism Treatment Fund (Fund 18A); FF: Title XIX.											
Reappropriated Funds Source, by Department and Line Item Name:	N/A											
Approval by OIT?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:	N/A											

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		Children's Basic Health Plan Medical Premium and Dental Benefit Costs									
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/15/08</i>			
Priority Number:		S-3			OSPFB Approval: <i>[Signature]</i>			Date: <i>12-23-08</i>			
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision/ Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	120,071,806	167,596,061	(25,195,736)	142,400,325	191,522,750	(17,562,527)	173,960,223	0	173,960,223	(21,833,067)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	4,736,447	0	0	0	0	4,270,540	4,270,540	0	4,270,540	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	283,367	59,154,048	(9,209,276)	49,944,772	67,574,080	(12,328,096)	55,245,984	0	55,245,984	(12,328,096)
	CFE/RF	41,525,827	30,328	318,534	348,862	92,421	4,595,238	4,687,659	0	4,687,659	4,595,238
	FF	73,526,165	108,411,685	(16,304,994)	92,106,691	123,856,249	(14,100,209)	109,756,040	0	109,756,040	(14,100,209)
(4) Indigent Care Program; H.B. 97-1304 Children's Basic Health Plan Trust	Total	6,671,262	406,045	(57,183)	348,862	488,936	4,198,723	4,687,659	0	4,687,659	(71,817)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	4,736,447	0	0	0	0	4,270,540	4,270,540	0	4,270,540	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	283,367	406,045	(57,183)	348,862	488,936	(71,817)	417,119	0	417,119	(71,817)
	CFE/RF	1,651,448	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
(4) Indigent Care Program; Children's Basic Health Plan Premium Costs	Total	104,684,790	154,739,207	(23,374,872)	131,364,335	177,141,049	(20,025,109)	157,115,940	0	157,115,940	(20,025,109)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	54,390,220	(8,534,805)	45,855,415	62,222,676	(11,648,629)	50,574,047	0	50,574,047	(11,648,629)
	CFE/RF	36,823,865	30,328	318,534	348,862	92,421	4,595,238	4,687,659	0	4,687,659	4,595,238
	FF	67,860,925	100,318,659	(15,158,601)	85,160,058	114,825,952	(12,971,718)	101,854,234	0	101,854,234	(12,971,718)

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2008-09 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input type="checkbox"/>				
Request Title:		Children's Basic Health Plan Medical Premium and Dental Benefit Costs										
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew			Date: January 2, 2009				
Priority Number:		S-3			OSPB Approval:			Date:				
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year		Supplemental	Total	Base	Decision/			Total	Change	
		Actual	Appropriation	Request	Revised	Request	Base	November 1	Budget	Revised	from Base	
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	Request	Amendment	Request	(Column 5)	
								FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11	
(4) Indigent Care Program; Children's Basic Health Plan Dental Benefit Costs		Total	8,715,754	12,450,809	(1,763,681)	10,687,128	13,892,765	(1,736,141)	12,156,624	0	12,156,624	(1,736,141)
		FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		GF	0	0	0	0	0	0	0	0	0	0
		GFE	0	0	0	0	0	0	0	0	0	0
		CF	0	4,357,783	(617,288)	3,740,495	4,862,468	(607,650)	4,254,818	0	4,254,818	(607,650)
		CFE/RF	3,050,514	0	0	0	0	0	0	0	0	0
		FF	5,665,240	8,093,026	(1,146,393)	6,946,633	9,030,297	(1,128,491)	7,901,806	0	7,901,806	(1,128,491)
Non-Line Item Request:		None										
Letternote Revised Text:		<p>^a Of this amount, \$23,542,990 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$18,993,282 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; \$1,927,122 shall be from the Supplemental Tobacco Litigation Settlement Account in the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; and \$393,370 shall be from the Colorado Immunization Fund created in 25-4-2301, C.R.S.</p> <p>^b Of this amount, \$2,341,332 shall be from the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.; \$1,203,725 shall be from the Health Care Expansion Fund created in 24-22-117 (2) (a) (I), C.R.S.; and \$97,383 shall be from the Supplemental Tobacco Litigation Settlement Account in the Children's Basic Health Plan Trust created in 25.5-8-105, C.R.S.</p>										
Cash or Federal Fund Name and COFRS Fund Number:		CF: Tobacco Master Settlement Funds, Children's Basic Health Plan Trust Fund 11G, Health Care Expansion Fund 18K, Supplemental Tobacco Litigation Settlement Account in the Children's Basic Health Plan Trust Fund, and Colorado Immunization Fund; FF: Title										
Reappropriated Funds Source, by Department and Line Item Name:		RF: Enrollment Fees of CBHP enrollees from Fund 11G.										
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:		N/A										

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: Medicaid Modernization Act State Contribution Payment		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>1/15/08</i>			
Priority Number: S-4		OSPB Approval:			<i>ma36</i>			Date: <i>12-23-08</i>			
	Fund	1	2	3	4	5	6	8	9	10	
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	71,350,801	81,155,195	776,991	81,932,186	81,155,195	5,310,019	86,465,214	0	86,465,214	5,310,019
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	71,350,801	81,155,195	776,991	81,932,186	81,155,195	5,310,019	86,465,214	0	86,465,214	5,310,019
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	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	71,350,801	81,155,195	776,991	81,932,186	81,155,195	5,310,019	86,465,214	0	86,465,214	5,310,019
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	71,350,801	81,155,195	776,991	81,932,186	81,155,195	5,310,019	86,465,214	0	86,465,214	5,310,019
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
Non-Line Item Request: None											
Letternote Revised Text: None											
Cash or Federal Fund Name and COFRS Fund Number: N/A											
Reappropriated Funds Source, by Department and Line Item Name: N/A											
Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments: N/A											

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2009-10 BUDGET REQUEST CYCLE

Schedule 13											
Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10	Base Reduction Item FY 2009-10	Supplemental FY 2007-08							Budget Amendment FY 2009-10		
Request Title:	FY 2007-08 Medicaid Programs Overexpenditure										
Department:	Health Care Policy and Financing				Dept. Approval by:	John Bartholomew <i>JB</i>		Date:	January 2, 2009 <i>12/15/08</i>		
Priority Number:	S-5				OSPB Approval:	<i>John 2/6</i>		Date:	<i>12-23-08</i>		
		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2006-07	Appropriation FY 2007-08	Supplemental Request FY 2007-08	Total Revised Request FY 2007-08	Base Request FY 2008-09	Decision: Base Reduction FY 2008-09	November 1 Request FY 2008-09	Budget Amendment FY 2008-09	Total Revised Request FY 2008-09	Change from Base (Column 5) FY 2009-10
Total of All Line Items	Total	2,247,091,458	2,394,715,934	25,720,414	2,420,436,348	2,530,911,185	0	2,530,911,185	0	2,530,911,185	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	723,765,168	784,010,799	25,720,414	809,731,213	800,635,547	0	800,635,547	0	800,635,547	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	466,523	0	466,523	92,257,519	0	92,257,519	0	92,257,519	0
	CFE/RF	51,341,232	83,301,629	0	83,301,629	2,775,203	0	2,775,203	0	2,775,203	0
	FF	1,128,886,058	1,199,436,983	0	1,199,436,983	1,266,242,916	0	1,266,242,916	0	1,266,242,916	0
(2) Medical Services Premiums	Total	2,061,396,808	2,199,430,739	23,119,872	2,222,550,611	2,322,097,599	0	2,322,097,599	0	2,322,097,599	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	633,377,714	691,686,615	23,119,872	714,806,487	703,222,480	0	703,222,480	0	703,222,480	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	466,523	0	466,523	85,281,324	0	85,281,324	0	85,281,324	0
	CFE/RF	48,860,206	77,776,189	0	77,776,189	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,036,058,888	1,102,001,412	0	1,102,001,412	1,161,825,797	0	1,161,825,797	0	1,161,825,797	0
(3) Medical Mental Health Community Programs; (A) Mental Health Capitation Payments	Total	184,640,568	194,231,113	2,347,326	196,578,439	207,799,866	0	207,799,866	0	207,799,866	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	89,832,730	91,824,825	2,347,326	94,172,151	96,906,217	0	96,906,217	0	96,906,217	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	6,976,195	0	6,976,195	0	6,976,195	0
	CFE/RF	2,481,026	5,525,440	0	5,525,440	7,205	0	7,205	0	7,205	0
	FF	92,326,812	96,880,848	0	96,880,848	103,910,269	0	103,910,269	0	103,910,269	0

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; FY 2009-10 BUDGET REQUEST CYCLE

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2007-08 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input type="checkbox"/>				
Request Title:		FY 2007-08 Medicaid Programs Overexpenditure										
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew		Date:		January 2, 2009	
Priority Number:		S-5			OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10	
					Total		Decision/			Total	Change	
		Prior-Year		Supplemental	Revised	Base	Base	November 1	Budget	Revised	from Base	
		Actual	Appropriation	Request	Request	Request	Reduction	Request	Amendment	Request	(Column 5)	
	Fund	FY 2006-07	FY 2007-08	FY 2007-08	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	
(6) Department of Human Services Medicaid Funded Programs; (E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Alcohol and Drug Abuse Division, High Risk Pregnant Women Program		Total	1,054,082	1,054,082	253,216	1,307,298	1,013,700	0	1,013,700	0	1,013,700	0
		FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		GF	554,724	499,359	253,216	752,575	506,850	0	506,850	0	506,850	0
		GFE	0	0	0	0	0	0	0	0	0	0
		CF	0	0	0	0	0	0	0	0	0	0
		CFE/RF	0	0	0	0	0	0	0	0	0	0
		FF	499,358	554,723	0	554,723	506,850	0	506,850	0	506,850	0
Non-Line Item Request:		None										
Letternote Revised Text:		None										
Cash or Federal Fund Name and CFRS Fund Number:				FF: Title XIX.								
Reappropriated Funds Source, by Department and Line Item Name:				N/A								
Approval by OIT?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:			Department of Human Services									

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-5
Change Request Title:	FY 2007-08 Medicaid Programs Overexpenditure

SELECT ONE (click on box):

- Decision Item FY 2008-09
- Base Reduction Item FY 2008-09
- Supplemental Request FY 2007-08
- Budget Request Amendment FY 2008-09

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:

This change request increases funding for the Department's FY 2007-08 appropriations and release of the accompanying restriction for General Fund overexpenditure in the Medical Services Premiums, Medicaid Mental Health Community Programs, and Department of Human Services Medicaid Funded Programs in the amount of \$25,720,414. In addition, the Department requests the release of the restriction on \$21,624,015 in federal funds. In FY 2007-08, the Department overexpended these line items in the amount of \$47,344,429 in total funds. The Department's FY 2008-09 appropriations have been restricted by that same amount.

Background and Appropriation History:

In FY 2007-08, the Department of Health Care Policy and Financing exceeded its appropriations for its Medical Services Premiums, Medicaid Mental Health Community Programs, and Department of Human Services Medicaid Funded Programs Long Bill groups by a total of \$25,720,414 General Fund, and \$21,624,015 federal funds, or a total funds overexpenditure of \$47,344,429. Pursuant to 24-75-109 (3) C.R.S. (2008), the

State Controller is required to restrict the Department's FY 2008-09 appropriation by the same total amount. In order for the State Controller to release the restriction, two actions would need to occur. First, 24-75-109 (4), C.R.S. (2008) requires that the Department receive a supplemental appropriation in the amount of General Fund overexpenditure for the fiscal year in which the overexpenditure occurred. Second, the Generally Assembly would instruct the State Controller to release the restriction on the total funds amount.

General Description of Request:

The Department requests a lift on the restriction in the amount of \$47,344,429 total funds and an appropriation of \$25,720,414 General Fund for FY 2007-08 to accommodate the overexpenditure on the Medical Services Premiums, Medicaid Mental Health Community Programs, and Department of Human Services Medicaid Funded Programs line items. Table 1 shows the total overexpenditure by line item, the total restriction, and the total appropriation requested. Underexpenditure for an individual fund source (such as Cash Funds Exempt for Medical Services Premiums) does not offset the overexpenditure restriction on General Fund or federal funds.

Table 1					
Total FY 2007-08 Overexpenditure, Appropriation Request, and Restriction by Line Item					
Medical Services Premiums	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Overexpenditure	\$37,854,066	\$23,119,872	(\$466,523)	(\$5,523,776)	\$20,724,493
Total FY 2007-08 Appropriation Requested	\$23,119,872	\$23,119,872	\$0	\$0	\$0
Total Overexpenditure Restriction	\$43,844,365	\$23,119,872	\$0	\$0	\$20,724,493
Medicaid Mental Health Community Programs - Mental Health Capitation Payments for Medicaid Eligible Clients	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Overexpenditure	\$1,779,920	\$2,347,326	\$0	(\$1,213,711)	\$646,305
Total FY 2007-08 Appropriation Requested	\$2,347,326	\$2,347,326	\$0	\$0	\$0
Total Overexpenditure Restriction	\$2,993,631	\$2,347,326	\$0	\$0	\$646,305
(6) Department of Human Services Medicaid Funded Programs (E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Alcohol and Drug Abuse Division, High Risk Pregnant Women Program	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Overexpenditure	\$824,303	\$253,216	\$0	\$0	\$253,217
Total FY 2007-08 Appropriation Requested	\$253,216	\$253,216	\$0	\$0	\$0
Total Overexpenditure Restriction	\$506,433	\$253,216	\$0	\$0	\$253,217
Total	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Overexpenditure	\$40,140,419	\$25,720,414	(\$466,523)	(\$6,737,487)	\$21,624,015
Total FY 2007-08 Appropriation Requested	\$25,720,414	\$25,720,414	\$0	\$0	\$0
Total Overexpenditure Restriction	\$47,344,429	\$25,720,414	\$0	\$0	\$21,624,015

Consequences if Not Funded:

If not funded, the Departments' FY 2008-09 appropriations for these Medicaid programs will continue to be restricted. The Department will not have enough funding to provide these services to Medicaid clients. Because the State Controller is permitted to allow overexpenditure for Medicaid programs, the Department will likely have an overexpenditure again in FY 2008-09 and the FY 2009-10 appropriations will similarly be restricted.

Calculations for Request:

Summary of Appropriation Request for FY 2007-08	Total Funds	General Fund*	Federal Funds
Total Request	\$47,344,429	\$25,720,414	\$21,624,015
(2) Medical Services Premiums, Summary	\$43,844,365	\$23,119,872	\$20,724,493
(3) Medicaid Mental Health Community Programs; (A) Mental Health Capitation Payments	\$2,993,631	\$2,347,326	\$646,305
(6) Department of Human Services Medicaid Funded Programs; (E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Alcohol and Drug Abuse Division, High Risk Pregnant Women Program	\$824,303	\$253,216	\$253,217

* The Appropriation Request is only for the amount of General Fund overexpenditure, and only that amount is included on the Schedule 13. Total funds and federal funds information is included for comparison to Table 1 of this document.

Assumptions for Calculations:

The Department has verified the total overexpenditure through the Colorado Financial Reporting System (COFRS) and with the State Controller's Office.

Impact on Other Government Agencies:

This request will require a corresponding increase in the Department of Human Services' budget.

Cost Benefit Analysis:

Not applicable.

Statutory and Federal Authority:

24-75-109, C.R.S. (2008). Controller may allow expenditures in excess of appropriations - limitations - appropriations for subsequent fiscal year restricted - repeal.

(1) For the purpose of closing the state's books, and subject to the provisions of this section, the controller may, on or after May 1 of any fiscal year and before the forty-fifth day after the close thereof, upon approval of the governor, allow any department, institution, or agency of the state, including any institution of higher education, to make an expenditure in excess of the amount authorized by an item of appropriation for such fiscal year if:

(a) The overexpenditure is for medicaid programs; or...

(3) For any overexpenditure, whether or not allowed by the controller in accordance with subsection (1) of this section, the controller shall restrict, in an amount equal to said overexpenditure, the corresponding item or items of appropriation that are made in the general appropriation act for the fiscal year following the fiscal year for which the overexpenditure that is allowed occurs. For the purposes of determining such corresponding item or items of appropriation, the controller shall consider, in order of importance, the fund from which the overexpenditure was allowed, the department, institution, or agency that was allowed to make the overexpenditure, and the purpose for which the overexpenditure was allowed. The department, institution, or agency shall not be allowed to expend any amount restricted pursuant to this subsection (3) unless such restriction is released in accordance with subsection (4) of this section.

(4) (a) The department, institution, or agency whose appropriation is restricted may request a supplemental appropriation for the fiscal year in which the overexpenditure occurred for the amount of any overexpenditure allowed pursuant to this section. If a supplemental appropriation is enacted for the overexpenditure or some portion thereof, the restriction on the succeeding fiscal year's appropriation shall be released in the amount of the supplemental appropriation enacted.

Performance Measures:

This Change Request affects the following Performance Measures:

- Maintain or reduce the difference between the Department's spending authority and actual expenditures for Medicaid services.

The Department anticipates that by removing the restriction due to the overexpenditure that it will be better able to budget for FY 2008-09.

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: TB January 2, 2009 ^{12/23/08}			
Priority Number: S-6					OSPB Approval: <i>fu MZ</i>			Date: 12-23-08			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	2,308,635,606	2,403,252,794	(2,097,825)	2,401,154,969	2,424,937,317	0	2,424,937,317	0	2,424,937,317	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	786,157,288	784,377,675	(2,097,825)	782,279,850	785,283,790	0	785,283,790	0	785,283,790	0
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	85,281,324	0	85,281,324	95,217,469	0	95,217,469	0	95,217,469	0
	CFE/RF	72,252,413	2,767,998	0	2,767,998	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,122,725,905	1,161,825,797	0	1,161,825,797	1,172,668,060	0	1,172,668,060	0	1,172,668,060	0
(2) Medical Services Premiums	Total	2,237,284,805	2,322,097,599	4,729,857	2,326,827,456	2,343,782,122	0	2,343,782,122	0	2,343,782,122	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	714,806,487	703,222,480	4,729,857	707,952,337	704,128,595	0	704,128,595	0	704,128,595	0
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	85,281,324	0	85,281,324	95,217,469	0	95,217,469	0	95,217,469	0
	CFE/RF	72,252,413	2,767,998	0	2,767,998	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,122,725,905	1,161,825,797	0	1,161,825,797	1,172,668,060	0	1,172,668,060	0	1,172,668,060	0
(5) Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment	Total	71,350,801	81,155,195	(6,827,682)	74,327,513	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	71,350,801	81,155,195	(6,827,682)	74,327,513	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/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	
Non-Line Item Request: None											
Letternote Revised Text: None											
Cash or Federal Fund Name and COFRS Fund Number: N/A											
Reappropriated Funds Source, by Department and Line Item Name: N/A											
Approval by OIT? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments: N/A											

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-6
Change Request Title:	Supplemental Medicare Insurance Benefit and MMA State Contribution Payment Financing

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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 \$2,097,825 General Fund in FY 2008-09 in order to reimburse the federal government for the overdraw of federal funds related to the Supplemental Medicare Insurance Benefit (SMIB) program between FY 2003-04 and FY 2006-07 and to delay the Medicare Modernization Act State Contribution Payment for May 2009, which would normally be paid in June 2009, until July 2009. Because the Department is in the process of auditing the total SMIB overdraw, the Department also requests explicit roll-forward authority to FY 2009-10 in the Long Bill for the funds related to SMIB to ensure that funding does not revert in the event that the audit is not complete prior to the end of FY 2008-09.

Background and Appropriation History:

Supplemental Medicare Insurance Benefit

In December 2007, Department staff reported concerns related to the possible overuse of federal funds in the Supplemental Medicare Insurance Benefit (“SMIB”) program. SMIB is a Medicaid program where the Department pays Medicare Part A and Part B premiums

on behalf of qualifying Medicaid clients. The amount of federal financial participation available for each payment varies based on the client's income.

In brief, the Department committed two general errors: one related to technical details of recording the monthly payment, and one related to implementing a new report designed to automate the process used to determine the monthly payment. Both issues caused the Department to overdraw federal funds used for making the monthly payment to Medicare. The fiscal impact of each issue is summarized in Table 1 below:

Table 1 Summary by Fiscal Year			
Year	Accounting Issues	Reporting Issues	Total by Period
FY 2003-04	\$64,472	\$0	\$64,472
FY 2004-05	\$0	\$0	\$0
FY 2005-06	\$2,049,524	\$0	\$2,049,524
FY 2006-07	\$947,807	\$1,668,054	\$2,615,861
FY 2007-08	\$570,985	\$2,725,449	\$3,296,434
Total by Issue	\$3,632,788	\$4,393,503	\$8,026,291

The totals identified in Table 1, and referred to throughout this document, have not yet been confirmed by an independent auditor. The Department is in the process of hiring an auditor to confirm the totals. The scope of the audit is discussed at the end of this section.

Department staff were unaware of any accounting issues prior to the implementation of new reporting tools in April 2007. Prior to April 2007, the magnitude of the error was relatively small compared to the size of the monthly payment, so it was not apparent that anything was wrong by looking at summary totals. Several months after the implementation of the new report, it became clear that the Department's processes caused an overdraw of federal funds. The Department's investigation began in late May 2007, after the new report had been implemented for two months. Because the investigation

was being conducted primarily by accounting staff, it was put on hold during year-end close and resumed again in September 2007. Initial findings of the investigation were reported to senior management in December 2007.

Accounting Issues: Debits and Credits

Between June 2004 and November 2007, staff incorrectly accounted for prior-period adjustments to the monthly SMIB payment. In instances where the adjustment reduced the amount of payment eligible for federal financial participation, staff inappropriately recorded this amount as a positive adjustment. Staff entered a debit when they should have entered a credit. This had the net effect of increasing the amount of the monthly payment determined eligible for federal financial participation. By erroneously increasing the amount eligible for federal financial participation, the Department used more federal funds than was appropriate.

In total, the Department determined that it had overdrawn federal funds as a result of debit and credit errors in the amount of \$3,632,788 between FY 2004-05 and FY 2007-08.

Reporting Issues

In April 2007, the Department implemented a new report designed to simplify the Department's calculation of how much federal financial participation was available for the SMIB program in each month. The implementation of this report resulted in two errors which caused the Department to overdraw federal funds.

1. Erroneous Manual Process

Prior to the implementation of the new report, an additional manual process was necessary to correctly reclassify eligible clients to the appropriate rate of federal financial participation. When the report was implemented in April 2007, staff originally believed that the manual process would still be necessary in order to complete the payment. However, after the report had been implemented, it became clear that the manual process which was in use was no longer necessary. The net result was that the Department overdrew federal funds by erroneously reassigning clients to higher levels of federal

financial participation. The Department has discontinued this manual process as of March 2008.

2. *Report Error*

In the course of investigating the implications of implementing the new report, the Department also determined that there were concerns with how the report itself calculated the total amount of federal financial participation. In instances where there was conflicting information regarding the eligibility of a client for federal financial participation between Medicaid and Medicare data, the report was programmed to always choose the data which provided the most federal funds, regardless of the source of the information. The Department no longer uses this methodology and uses the source data provided from the Department's eligibility data because it is more current and therefore more reliable. The Department receives more timely information than the federal government. Discrepancies generally exist because the federal government has not yet updated its records with information provided by the Department. Consequently, by picking the most favorable source of information, instead of the most reliable, the Department was overdrawing federal funds. The Department has changed the logic used in this analysis to consistently rely on Department data as of March 2008. New reports automating this process are currently under development.

In total, the Department determined the overdrawn federal funds related to these reporting issues was \$4,393,503 between FY 2004-05 and FY 2007-08. Please see Table 1.

Calculation and Reimbursement of Overdrawn Federal Funds

After Department Management was informed of the issues, a decision was made to direct staff to take immediate steps to quantify and correct any overuse of federal funds.

Starting with the next payment to Medicare for the SMIB program in December 2007, the Department immediately corrected the accounting debit and credit issue on a go-forward basis. At the same time, in order to identify any errors in the SMIB report, the Department began a comprehensive review of the report to determine what information

was correct and could be used for calculation of federal financial participation. At the time the issue was raised to Management in December 2007, the exact cause of the reporting errors was still unknown. During January and February 2008, Department staff determined that the data on the SMIB report could be extracted and correct amounts could be calculated manually. Based on that information, the Department created an interim process to correctly calculate the total amount of federal financial participation. This new process allowed the Department to correctly draw down federal funds going forward. The Department implemented the interim process in March 2008.

To determine the total amount of overdrawn federal funds in the past, staff retroactively applied the correct methodology to each month since the implementation of the report in April 2007. On April 28, 2008 the Department reimbursed the federal government \$3,296,434, which was the total amount owed for FY 07-08, and permitted under the Department's FY 07-08 spending authority. This reimbursement was accomplished through journal vouchers in the Colorado Financial Reporting System (COFRS) and was processed immediately. Further, this amount was reflected in the Department's quarterly expenditure report to the Centers for Medicare and Medicaid Services (CMS), the CMS-64, at the soonest available opportunity, on July 31, 2008. In order to reimburse the federal government the remaining \$4,729,857 drawn down in prior fiscal years, the Department will require additional spending authority.

The Department's FY 2007-08 appropriation appropriately calculated the General Fund necessary to fund the SMIB program properly (see the Department's February 15, 2008 Budget request, Exhibits for Medical Services Premiums, Exhibit A, page EA-2; the Department's final FY 2007-08 appropriation was based, in part, on the Department's calculation of the fund splits). Because the Department's FY 2007-08 spending authority was based on the correct fund splits, the Department was able to adjust the federal draw without an additional appropriation. Further, the Department did not make any repayment to the federal government for periods prior to FY 2007-08. Such expenditure is not permissible under the Department's overexpenditure authority, and requires an additional appropriation. See 24-22-109 (2) (a), C.R.S. (2008). However, the Department does

understand that CMS may issue a “reverse grant award” to reduce the Department’s available federal funding.

Table 2, below, summarizes the amount already reimbursed to the federal government and the estimated outstanding amount to be reimbursed:

Table 2 Summary of Total Reimbursed			
	Accounting Issues	Reporting Issues	Total
Amount Reimbursed to the Federal Government on April 28, 2008	\$570,985	\$2,725,449	\$3,296,434
Outstanding Amount Due to the Federal Government (Pending Additional Spending Authority)	\$3,061,803	\$1,668,054	\$4,729,857
Total by Issue	\$3,632,788	\$4,393,503	\$8,026,291

In total, the Department estimates that it has overdrawn federal funds by \$8,026,291. The Department reimbursed the federal government \$3,296,434 for issues incurred in FY 2007-08 on April 28, 2008.

Measures to Prevent Further Errors

In response to the errors above, the Department has developed a series of new internal controls designed to prevent further errors. To start, the Department has simplified the calculation of the federal financial participation for the SMIB program. The current process has substantially reduced the number of manual steps which need to be performed in order to calculate the correct amount of federal financial participation. In particular, the separate manual processes which were used previously have been completely eliminated.

Moreover, internal controls have been added to include a check by no fewer than four separate staff members: the author of the report; a budget analyst; the accountant who prepares the documents for payment; and the accounting supervisor or the Department's Controller.

In addition, to insure accuracy, the Department is currently in the process of making technical corrections to an automated report which would enable the Department to remove all manual processes for this calculation. Because of the complexity of the report, the Department has not yet completed the technical changes, but continues to work towards its goal of a fully automated report which will eliminate the manual process and the possibility of manual error.

Independent Audit of Results

Because of the complexity involved in determining the correct amount of federal financial participation, the Department is attempting to procure an independent auditor to review the Department's results. The independent auditor will review the procedures utilized and the amount of SMIB expenses reported by the Department to the federal government and to assess and determine if this amount is accurate based on procedural compliance with federal regulations for FY 2003-04 through the present. The Department anticipates that the audit will cover both the Department's retrospective review of the program, and the Department's current methodology.

The Department's first attempt to procure an auditor, in September 2008, did not succeed. The Department is currently investigating alternative options, including attempting to reprocure an auditor or collaborate with the State Auditor's Office. The Department does not anticipate needing any additional funding to procure an auditor.

Medicare Modernization Act State Contribution Payment

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-client per-month 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-client per-month 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-client per-month rates based on either the National Health Expenditures’ growth or actual growth in Part D expenditures.

In FY 2005-06, the Department expended \$31,461,626 for 6 months of payments. In FY 2006-07 the Department expended \$72,494,301 for a full year of payments. 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 2008-09. In October 2007, due to a technical change in the system algorithm used to identify dual eligible clients, a significant number of additional dual eligible clients were identified in the October 2007 invoice. As a result of the system change, the Department submitted a supplemental Change Request for \$2,548,557 in its FY 07-08 Supplemental Requests and FY 08-09 Budget Request Amendments, February 15, 2008 (page S.4-1). Consequently, in FY 2007-08, the Department expended \$71,350,801 for 11 months of payments. Due to unexpected under-expenditures in FY 2007-08, the Department submitted an Emergency 1331 Change Request on June 23, 2008 that \$744,209 be transferred to the Controlled Maintenance Trust Fund. The Department is currently appropriated \$81,155,195 General Fund for FY 2008-09 in the Long Bill (HB 08-1375).

General Description of Request:

The Department requests a reduction of \$2,097,825 General Fund in FY 2008-09 in order to reimburse the federal government for the overdraw of federal funds related to the

Supplemental Medicare Insurance Benefit (SMIB) program between FY 2003-04 and FY 2006-07 and to delay the Medicare Modernization Act State Contribution Payment for May 2009, which would normally be paid in June 2009, until July 2009. Because the Department is in the process of auditing the total SMIB overdraw, the Department also requests explicit roll-forward authority to FY 2009-10 in the Long Bill for the funds related to SMIB to ensure that funding does not revert in the event that the audit is not complete prior to the end of FY 2008-09.

Supplemental Medicare Insurance Benefit

The Department requests \$4,729,857 General Fund in FY 2008-09 to reimburse the federal government for the overdraw of federal funds related to the Supplemental Medicare Insurance Benefit (SMIB) program between FY 2003-04 and FY 2006-07. On November 25, 2008, the Centers for Medicare and Medicaid Services (CMS) issued a disallowance of the total, \$4,729,857. Because the Department, in conjunction with the State Auditor's Office, are continuing to review the total, the final amount due may be more or less than the total amount disallowed. However, because CMS has issued a disallowance, the Department is required to repay the federal government within 60 days of the notice. While the Department has the option to appeal, such an appeal, if lost, would subject the Department to paying additional interest on the total. The Department is currently exploring its options, and it is not known if an appeal will be filed at this time.

If the Department appeals the disallowance, it is possible that the appeal is not concluded before the end of the fiscal year. Therefore, the Department requests explicit roll-forward authority to FY 2009-10 in the Long Bill for the funds related to SMIB to ensure that funding does not revert in the event that the appeal is not complete prior to the end of FY 2008-09. If the Department chooses not to appeal, it will inform the Joint Budget Committee that roll-forward authority will not be needed.

Medicare Modernization Act State Contribution Payment

The Department requests a reduction of \$6,827,682 General Fund in FY 2008-09 to shift the May 2009 Medicare Modernization Act State Contribution Payment into July 2009. This payment would normally be made in June 2009. This creates a one-time cash accounting savings by delaying expenditure until FY 2009-10. Per section 25.5-4-201 (1.5), C.R.S. (2008), the Department is required to use the cash system of accounting for the State Contribution Payment. Even though the payment will be shifted one month and fiscal year forward, the Department will still make the payment in advance of the federal deadline, and will not accrue any additional interest or penalties. This would be a permanent change to the payment schedule for the State Contribution Payment.

Consequences if Not Funded:

If this request is not funded, the Department may overexpend its appropriation for Medical Services Premiums. The Department is still required to reimburse the federal government for any overdraw of federal funds.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$2,097,825)	(\$2,097,825)	\$0	\$0	\$0
(2) Medical Services Premiums	\$4,729,857	\$4,729,857	\$0	\$0	\$0
(5) Other Medical Services; Medicare Modernization Act of 2003 State Contribution Payment	(\$6,827,682)	(\$6,827,682)	\$0	\$0	\$0

Cash Funds Projections:

Not applicable.

Assumptions for Calculations:

For the SMIB calculation, the Department's request is based on its internal determination of the amount of funds overdrawn from the federal government, and will be subject to the report of an independent auditor. If the audit determines that the Department has

overdrawn a different amount than the amount presented, the Department may seek an additional appropriation through the standard budget process.

For the Medicare Modernization Act State Contribution Payment, the total is based on 1/12th of the total estimated annual payment, estimated to be \$81,932,186 (see S-4, “Medicaid Modernization Act State Contribution Payment”). The Department anticipates that S-4 will be updated in February with the most recent caseload data; if the update figure differs from this Request, the Department will provide adjusted totals to the Joint Budget Committee when they are available.

Impact on Other Government Agencies:

None.

Cost Benefit Analysis:

The cost-benefit analysis is not applicable for funding related to the overdraw of federal funds. The Department is required to reimburse the federal government. The benefit to shifting the state contribution payment is a total of \$6,827,682 General Fund in FY 2008-09, with no additional financial cost. However, this is a one-time adjustment and cannot be performed in future years.

Implementation Schedule:

Pending the decision to appeal, the Department will reimburse the federal government before the end of the 60-day window allowed by the Centers for Medicare and Medicaid Services (CMS). If the results of the Department and State Auditor’s Office audit determine that a different amount is owed to the federal government, the Department will inform CMS and determine an appropriate methodology to ensure that only the correct amount is paid. The Department anticipates that the full scope of the issue will be completed before the end of FY 2008-09.

Statutory and Federal Authority:

25.5-4-106, C.R.S. (2008). Cooperation with federal government - grants-in-aid - cooperation with the department of human services in delivery of services.
(3) The state department shall cooperate with the federal department of health and human services and other federal agencies in any reasonable manner, in conformity with the laws of this state, which may be necessary to qualify for federal financial

participation, including the preparation of state plans, the making of reports in such form and containing such information as any federal agency may from time to time require, and the compliance with such provisions as the federal government may from time to time find necessary to assure the correctness and verification of the reports.

25.5-4-201, C.R.S. (2008) Cash system of accounting - financial administration of medical services premiums - medical programs administered by department of human services - federal contributions - rules.

(1.5) The state department shall utilize the cash system of accounting, as enunciated by the governmental accounting standards board, for the contributions required by 42 U.S.C. sec. 1396u-5 (c).

Performance Measures:

The Department's request would enhance the Department's ability to achieve the following performance measures in the FY 2009-10 Strategic Plan by providing needed internal controls and greater levels of support and expertise to staff:

- Audit expenditures for fraud, abuse, client eligibility, and accuracy in third party payments both internally and with the use of contingency contractors.
- Provide accurate and consistent information to internal and external customers.
- Monitor expenditures for programs managed by the Department to ensure accurate financial reporting at all times.

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		Adjustment to Prior Year Fund Splits			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/24/08</i>			
Department:		Health Care Policy and Financing			OSPb Approval: <i>Snuz</i>			Date: <i>12-24-08</i>			
Priority Number:		S-7, BA-6									
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision/ Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	2,580,205,324	2,708,997,114	0	2,708,997,114	2,747,508,401	0	2,747,508,401	0	2,747,508,401	0
	FTE	243.8	272.7	0.0	272.7	276.0	0.0	276.0	0.0	276.0	0.0
	GF	882,111,357	893,411,536	481,579	893,893,115	902,452,914	0	902,452,914	(10,272)	902,442,642	(10,272)
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	86,619,331	20,212	86,639,543	96,606,889	0	96,606,689	10,272	96,616,961	10,272
	CFE/RF	75,944,716	5,318,277	0	5,318,277	5,365,910	0	5,365,910	0	5,365,910	0
	FF	1,294,649,251	1,354,647,970	(501,791)	1,354,146,179	1,374,082,888	0	1,374,082,888	0	1,374,082,888	0
(1) Executive Director's Office; (A) General Administration, Personal Services^a	Total	20,382,113	19,251,491	0	19,251,491	19,989,456	0	19,989,456	0	19,989,456	0
	FTE	243.8	272.7	0.0	272.7	276.0	0.0	276.0	0.0	276.0	0.0
	GF	8,021,372	7,994,379	(19,879)	7,974,500	8,121,243	0	8,121,243	(9,939)	8,111,304	(9,939)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	731,501	19,879	751,380	786,800	0	786,800	9,939	796,739	9,939
	CFE/RF	2,328,843	1,557,401	0	1,557,401	1,564,984	0	1,564,984	0	1,564,984	0
	FF	10,031,898	8,968,210	0	8,968,210	9,516,429	0	9,516,429	0	9,516,429	0
(1) Executive Director's Office; (A) General Administration, Operating Expenses^b	Total	980,465	1,833,478	0	1,833,478	1,681,669	0	1,681,669	0	1,681,669	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	469,925	882,945	(333)	882,612	811,165	0	811,165	(333)	810,832	(333)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	23,307	333	23,640	19,221	0	19,221	333	19,554	333
	CFE/RF	24,209	13,377	0	13,377	13,301	0	13,301	0	13,301	0
	FF	486,331	913,849	0	913,849	837,982	0	837,982	0	837,982	0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10	<input type="checkbox"/>	Base Reduction Item FY 2009-10	<input type="checkbox"/>	Supplemental FY 2008-09	<input checked="" type="checkbox"/>	Budget Amendment FY 2009-10	<input checked="" type="checkbox"/>				
Request Title:	Adjustment to Prior Year Fund Splits										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew			Date:	January 2, 2009		
Priority Number:	S-7, BA-6			OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change
		Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	Reduction	FY 2009-10	FY 2009-10	FY 2009-10	(Column 5)
		FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11
(2) Medical Services Premiums	Total	2,237,284,805	2,322,097,599	0	2,322,097,599	2,343,782,122	0	2,343,782,122	0	2,343,782,122	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	714,806,487	703,222,480	(709,066)	702,513,414	704,128,595	0	704,128,595	0	704,128,595	0
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	85,281,324	0	85,281,324	95,217,469	0	95,217,469	0	95,217,469	0
	CFE/RF	72,252,413	2,767,998	0	2,767,998	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,122,725,905	1,161,825,797	709,066	1,162,534,863	1,172,668,060	0	1,172,668,060	0	1,172,668,060	0
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding, Child Welfare Services	Total	13,778,035	18,773,007	0	18,773,007	18,773,007	0	18,773,007	0	18,773,007	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	6,889,018	9,386,504	31,789	9,418,293	9,386,504	0	9,386,504	0	9,386,504	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	6,889,017	9,386,503	(31,789)	9,354,714	9,386,503	0	9,386,503	0	9,386,503	0
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities, Program Costs	Total	262,895,206	300,903,609	0	300,903,609	313,562,208	0	313,562,208	0	313,562,208	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	130,322,250	149,835,764	1,140,253	150,976,017	156,165,064	0	156,165,064	0	156,165,064	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	583,199	0	583,199	583,199	0	583,199	0	583,199	0
	CFE/RF	517,583	0	0	0	0	0	0	0	0	0
	FF	132,055,373	150,484,646	(1,140,253)	149,344,393	156,813,945	0	156,813,945	0	156,813,945	0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2008-09 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input checked="" type="checkbox"/>				
Request Title:		Adjustment to Prior Year Fund Splits										
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew		Date:		January 2, 2009	
Priority Number:		S-7, BA-6			OSPB Approval:				Date:			
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change	
		Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base	
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	Reduction	FY 2009-10	FY 2009-10	FY 2009-10	(Column 5)	
		FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11	
(6) Department of Human Services Medicaid-Funded Programs;(F) Services or People with Disabilities - Medicaid Funding, Community Services for People with Developmental Disabilities, Regional Centers		Total	44,884,700	46,137,930	0	46,137,930	49,719,939	0	49,719,939	0	49,719,939	0
		FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
		GF	21,602,305	22,089,464	38,815	22,128,279	23,840,343	0	23,840,343	0	23,840,343	0
		GFE	0	0	0	0	0	0	0	0	0	0
		CF	0	0	0	0	0	0	0	0	0	0
		CFE/RF	821,668	979,501	0	979,501	1,019,627	0	1,019,627	0	1,019,627	0
		FF	22,460,727	23,068,965	(38,815)	23,030,150	24,859,969	0	24,859,969	0	24,859,969	0
Non-Line Item Request:		None										
Letternote Revised Text:		^a Of this amount, \$29,818 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund. ^b Of this amount, \$666 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund.										
Cash or Federal Fund Name and COFRS Fund Number:		CF: Breast and Cervical Cancer Prevention and Treatment Fund 15D, FF: Title XIX.										
Reappropriated Funds Source, by Department and Line Item Name:		N/A										
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>								
Schedule 13s from Affected Departments:		Department of Human Services										

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-7, BA-6
Change Request Title:	Adjustment to Prior Year Fund Splits

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is to increase General Fund expenditures by \$481,579 for FY 2008-09, and decrease General Fund expenditures by \$10,272 in FY 2009-10. The net effect on total funds is zero for both fiscal years.

The Medical Services Premiums General Fund expenditures would be reduced by \$709,066 in FY 2008-09. The adjustment for this line item does not need to be requested for FY 2009-10, since this is a one-time adjustment for the delayed receipt of matching federal funds, and the base budget for FY 2009-10 reflects the correct fund split.

General Administration Personal Services would be reduced by \$19,879 in FY 2008-09, and by \$9,939 in FY 2009-10. General Administration Operating Costs would be reduced by \$333 in FY 2008-09 and by the same amount in FY 2009-10. The source of these reduced expenditures is a transfer from cash funds. The Department requests these adjustments for incorrectly applied fund splits.

Three line items under the Department of Human Services Medicaid-Funded Programs would incur additional General Fund expenditures in FY 2008-09 to repay federal funds: \$1,140,253 from Services of People with Disabilities Program Costs, \$38,815 for Regional Centers and \$31,789 for the Division of Child Welfare – Medicaid Fund for Child Welfare Services. These adjustments do not need to be requested for FY 2009-10 since the fund splits were corrected in time for the submission of the Department’s base budget.

Background and Appropriation History:

Programs administered by the Department receive funding from multiple sources. Due to the complexity of program financing, errors can occur, and accounting adjustments may periodically need to be made. The Department is committed to accuracy in reporting and fiscal management. This Request supports this commitment, ensuring that expenditures are drawn from the appropriate funds and with authority as mandated by state and federal laws. Following is a brief summary of programs affected by these adjustments.

Breast and Cervical Cancer Program

The Breast and Cervical Cancer Program provides medical services to women who have been diagnosed with breast or cervical cancer at a Women’s Wellness Connection screening site and who meet age, citizenship, income and insurance requirements. The program assists low-income women who do not have health insurance.

The program was created in 2001 and expanded in 2005. Interest earnings from the Tobacco Litigation Settlement Cash Fund are credited to the Breast and Cervical Cancer Prevention and Treatment Fund, starting in FY 2001-02 and ending July 1, 2009, as long as the 65% federal funds matching rate continues.

In 2008, HB 08-1373 changed the source of state funding for this program and extended the program through FY 2013-14. Federal funds pay for 65% of the program costs; the state pays for the remaining 35% with a combination of cash funds and the General Fund.

This program has one administrator, and salary and operating costs for this position are paid at the same fund split as the program costs.

Consumer Directed Attendant Support Services

Consumer Directed Attendant Support Services allows clients and authorized representatives to direct their attendant support services. This option allows for flexibility in the delivery of services which include personal care, homemaker and health maintenance activities.

The service design includes a comprehensive training component, personnel and financial management services and case management support to assure that clients and/or their authorized representatives can successfully handle all aspects of the service including recruiting, hiring, and supervising their attendants. Within the allotted monthly allocation, based on the client's current level of attendant support services or prior utilization of those services, the client and/or authorized representative sets the wage and determines how and when the services are delivered.

HB 05-1243 directed the Department to extend the benefit to all Medicaid recipients who are enrolled in an HCBS waiver for which the Department of Health Care Policy and Financing has federal waiver authority. The Department currently offers the benefit to clients in four of the eleven waiver programs, and continues to add this option as the remaining waivers are renewed and submitted to the Centers for Medicare and Medicaid Services for approval.

In addition, the Department is amending the state plan to address the needs of clients who are unable to access Consumer Directed Attendant Support Services through a waiver program. The amendment was submitted to the Centers for Medicare and Medicaid Services on October 26, 2007, and is expected to be approved in FY 2008-09.

Waiver Programs for Disabled Persons

There are three waiver programs that provide individuals with developmental disabilities services which allow eligible clients the opportunity to receive needed services while continuing to live in the community. The waiver for Persons Developmentally Disabled serves individuals who require extensive supports to live safely, including access to 24-hour supervision, and who do not have other resources for meeting those needs. The Supported Living Services waiver provides support to individuals who can either live independently with limited support or, if they need extensive support, are already receiving the necessary support from sources such as family members. The Children's Extensive Support waiver serves children with intensive behavioral or medical needs; children through age four must have a developmental delay, and from ages five through seventeen must have a developmental disability.

These three programs should be paid 50% by the state, and 50% using federal funds. All three were affected by an incorrectly applied fund split from January 1, 2007, through June 30, 2008.

General Description of Request:

This request is to increase General Fund expenditures by \$481,579 for FY 2008-09, and decrease General Fund expenditures by \$10,272 in FY 2009-10. The net effect on total funds is zero for both fiscal years.

The Medical Services Premiums General Fund expenditures would be reduced by \$709,066 in FY 2008-09. The adjustment for this line item does not need to be requested for FY 2009-10, since this is a one-time adjustment for the delayed receipt of matching federal funds, and the base budget for FY 2009-10 reflects the correct fund split.

General Administration Personal Services would be reduced by \$19,879 in FY 2008-09, and by \$9,939 in FY 2009-10. General Administration Operating Costs would be reduced by \$333 in FY 2008-09 and by the same amount in FY 2009-10. The source of these reduced expenditures is a transfer from cash funds. The Department requests these adjustments for incorrectly applied fund splits.

Three line items under the Department of Human Services Medicaid-Funded Programs would incur additional General Fund expenditures in FY 2008-09 to repay federal funds: \$1,140,253 from Services of People with Disabilities Program Costs, \$38,815 for Regional Centers and \$31,789 for the Division of Child Welfare – Medicaid Fund for Child Welfare Services. These adjustments do not need to be requested for FY 2009-10 since the fund splits were corrected in time for the submission of the Department’s base budget.

Breast and Cervical Cancer Treatment Program Administration

During FY 2007-08, the General Assembly passed HB 08-1373, which changed the fund split for the Breast and Cervical Cancer Program. This program is paid 35% by the state, and 65% using federal funds. Of the state’s share, 30% of the 35% is paid from the Prevention, Early Detection, and Treatment Fund, administered by the Department of Public Health and Environment. Prior to HB 08-1373, the remaining portion was split between the state’s General Fund at 75% and the Breast and Cervical Cancer Prevention and Treatment cash fund at 25%.

FY 2007-08 BCCP Fund Splits	Before HB 08-1373		After HB 08-1373	
Federal Funds	65%		65%	
State Funds:	35%		35%	
Cash Fund: Prevention, Early Detection and Treatment Fund		30%		30%
Other Cash Funds and General Fund:		70%		70%
<i>General Fund</i>		75%		0%
<i>Cash Fund: Breast and Cervical Cancer Prevention and Treatment Fund</i>		25%		100%

HB 08-1373 impacted the fund split by changing the percentage paid by increasing the percentage paid from the Breast and Cervical Cancer Prevention and Treatment cash fund to 35% of the total cost of the program and decreasing the General Fund share to zero.

In addition to the program costs, the Department's program administrator for the program is also eligible to be paid for from the Breast and Cervical Cancer Prevention and Treatment Fund. However, the fiscal note for HB 08-1373 did not transfer any spending authority to the Department's Personal Services line item from the cash fund. This request seeks to adjust the Department's FY 2008-09 and FY 2009-10 appropriations for Personal Services and Operating Expenses to account for the program administrator.

Per section 25.5-5-308 (9) (d), C.R.S. (2008), the entire state share for the program administrator, 35% in FY 2008-09 should be paid from the Breast and Cervical Cancer Prevention and Treatment Fund. In FY 2009-10, the state share increases to 50%, and half of this should also be paid from the cash fund. Because the Department did not receive an appropriation in Personal Services and Operating Expenses, the costs for the program administrator were paid for with General Fund.

This request is for \$19,879 in FY 2008-09 General Administration Personal Services expenditures to transfer from the General Fund to the Breast and Cervical Cancer Prevention and Treatment Fund, and \$333 for General Administration Operating Expenses. In FY 2009-10, the transfer requested is \$9,939 in Personal Services, and \$333 in Operating Expenses. Note that this FTE is already appropriated, so no additional FTE are being requested for this position.

Consumer Directed Attendant Support Services

This program is federally matched; 50% is paid by the state, and 50% is paid using federal funds. This request is to account for the matching federal funds for a group of clients who had FY 2007-08 expenditures that were paid entirely from the state's General Fund. This group of clients, who received Consumer Directed Attendant Support Services, yet who

were not enrolled in a waiver program, will be eligible for federal funds pending the Centers for Medicare and Medicaid Services approval of a state plan amendment.

This amendment was submitted on October 26, 2007, with a program implementation date of January 1, 2008, to allow clients to receive Consumer Directed Attendant Support Services outside of the Department's Home and Community Based Services waiver programs. Approval is expected in FY 2008-09, and federal regulations permit retroactive claims for matching funds.

Since the approval was not obtained by the end of FY 2007-08, and since the Department uses cash accounting, the funding cannot be applied to FY 2007-08. Instead, the retroactive funding will be applied to FY 2008-09, resulting in a decrease of \$709,066 in General Fund expenditures in this fiscal year.

Waiver Programs for Disabled Persons

From January 1, 2007, through June 30, 2008, an incorrect fund split was applied to part of the administrative component of expenditures for this program. The correct fund split is 50% payment using state funds and 50% using federal funds. Instead, 25% was paid using state funds, and 75% from federal funds. The error was identified by the Centers for Medicare and Medicaid Services, and was brought to the Department's attention in a letter dated June 26, 2008. The Department awaited instructions from the Centers for Medicare and Medicaid Services, and the correct fund split and procedure to return the incorrectly drawn funds was detailed in an e-mail to the Department dated October 17, 2008.

The cause of the error was determined to be incorrectly billed expenditures. The Department used the skilled staff rate for Community Centered Board administrative costs, which is 75%. However, after investigation, these costs should be billed at 50%. This problem is corrected for all FY 2008-09 expenditures.

This request is to correct the fund split by returning \$1,210,857 in federal funds from the General Fund. The funds will come from the Department of Human Services Medicaid-Funded Programs line item. Within this item, \$1,140,253 will come from Services for People with Disabilities Program Costs, \$38,815 from Services for People with Disabilities Regional Centers, and \$31,789 from the Division of Child Welfare Medicaid Funding for Child Welfare Services.

Consequences if Not Funded:

Without the approval of this request, the General Fund would not be reduced by \$20,212 in FY 2008-09 and by \$10,272 in FY 2009-10 to correct accounting fund splits applied for administrator costs in the Breast and Cervical Cancer Program. In addition, the General Fund would not be reduced by \$709,066 in FY 2008-09 for retroactively obtained federal matching funds for Consumer Directed Attendant Support Services.

Without the requested funding, the Department would not be able to repay \$1,210,857 in federal funds to correct fund splits applied for waiver programs for disabled individuals. If the correction is not made, the Department would risk a deferral from the Centers from Medicare and Medicaid Services, which would require the use of General Fund to repay. This adjustment prevents any further federal sanctions or loss of federal financial participation for the Department's Medicaid programs.

Calculations for Request:

Appendix Tables A.1 through A.5 detail the calculations for this request.

Summary of Request FY 2008-09	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request	\$0	\$481,579	\$20,212	(\$501,791)	0.0
(1) Executive Director's Office; (A) General Administration, Personal Services	\$0	(\$19,879)	\$19,879	\$0	0.0
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	(\$333)	\$333	\$0	0.0
(2) Medical Services Premiums	\$0	(\$709,066)	\$0	\$709,066	0.0
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding; Child Welfare Services	\$0	\$31,789	\$0	(\$31,789)	0.0
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$0	\$1,140,253	\$0	(\$1,140,253)	0.0
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$0	\$38,815	\$0	(\$38,815)	0.0

Summary of Request FY 2009-10	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request	\$0	(\$10,272)	\$10,272	\$0	0.0
(1) Executive Director's Office; (A) General Administration, Personal Services	\$0	(\$9,939)	\$9,939	\$0	0.0
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	(\$333)	\$333	\$0	0.0

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2007-08 Expenditures	FY 2007-08 End of Year Cash Balance	FY 2008-09 End of Year Cash Balance Estimate	FY 2009-10 End of Year Cash Balance Estimate	FY 2010-11 End of Year Cash Balance Estimate
Breast and Cervical Cancer Prevention and Treatment Fund	15D	\$639,422	\$10,269,298	\$9,247,530	\$9,202,293	\$9,044,689
Health Care Expansion Fund	18K	\$76,441,702	\$135,721,617	\$111,499,132	\$72,449,213	\$33,636,536

Assumptions for Calculations:

Assumptions and methodology for calculations are included in the appendix tables.

Impact on Other Government Agencies:

None.

Statutory and Federal Authority:

25.5-1-120. C.R.S. (2008). Appropriations.

(1) (a) For carrying out the duties and obligations of the state department and county departments under the provisions of this title and for matching such federal funds or meeting maintenance of effort requirements as may be available for public assistance and welfare activities in the state, including medical assistance administration and related activities, the general assembly, in accordance with the constitution and laws of the state of Colorado, shall make adequate appropriations for the payment of such costs, pursuant to the budget prepared by the executive director.

(b) If the federal law shall provide federal funds, in cash or in another form such as medical assistance, not otherwise provided for in this title, the state department is authorized to make such payments or offer such services in accordance with the requirements accompanying said federal funds within the limits of available state appropriations.

(2) The general assembly shall appropriate from the general fund to the state department moneys for the costs of administering medical assistance programs and the state's share

of the costs of administering such functions by the county departments amounts sufficient for the proper and efficient performance of the duties imposed upon them by law, including a legal advisor appointed by the attorney general. The general assembly shall make two separate appropriations, one for the administrative costs of the state department and another for the administrative costs of the county departments. Any applicable matching federal funds shall be apportioned in accordance with the federal regulations accompanying such funds. Any unobligated and unexpended balances of appropriated state general funds remaining at the end of each fiscal year shall be credited to the state general fund.

25.5-4-201. C.R.S. (2008). Cash system of accounting – financial administration of medical services premiums – medical programs administered by department of human services – federal contributions - rules.

(1) The state department shall utilize the cash system of accounting, as enunciated by the governmental accounting standards board, regardless of the source of revenues involved, for all activities of the state department relating to the financial administration of any nonadministrative expenditure that qualifies for federal financial participation under Title XIX of the federal "Social Security Act", except for expenditures under the program for the medically indigent, article 3 of this title.

(1.5) The state department shall utilize the cash system of accounting, as enunciated by the governmental accounting standards board, for the contributions required by 42 U.S.C. sec. 1396u-5 (c).

Performance Measures:

This request supports the following Objective from the Departments FY 2009-10 Strategic Plan:

- Monitor expenditures for programs managed by the Department to ensure accurate financial reporting at all times.

In addition, this Change Request affects the following Performance Measure:

- The Budget Division will maintain or reduce the difference between the Department's spending authority and actual expenditures for Medicaid Services.

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.1: Summary of Fund Split Adjustments by Program				
	Total Funds	General Fund	Cash Funds	Federal Funds
FY 2006-07 Fund Split Adjustments				
Waiver Programs for Disabled Persons	\$0	\$594,133	\$0	(\$594,133)
FY 2007-08 Fund Split Adjustments				
Consumer Directed Attendant Support Services	\$0	(\$709,066)	\$0	\$709,066
Waiver Programs for Disabled Persons	\$0	\$616,724	\$0	(\$616,724)
<i>Subtotal FY 2007-08 Adjustments</i>	<i>\$0</i>	<i>(\$92,342)</i>	<i>\$0</i>	<i>\$92,342</i>
FY 2008-09 Fund Split Adjustments				
Breast and Cervical Cancer Program Administrator	\$0	(\$20,212)	\$20,212	\$0
Total Fund Split Adjustments Impacting FY 2008-09 Budget Appropriations				
Breast and Cervical Cancer Program Administrator	\$0	(\$20,212)	\$20,212	\$0
Consumer Directed Attendant Support Services	\$0	(\$709,066)	\$0	\$709,066
Waiver Programs for Disabled Persons	\$0	\$1,210,857	\$0	(\$1,210,857)
Total FY 2008-09	\$0	\$481,579	\$20,212	(\$501,791)
Total Fund Split Adjustments Impacting FY 2009-10 Budget Appropriations				
Breast and Cervical Cancer Program Administrator	\$0	(\$10,272)	\$10,272	\$0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.2: Summary of Fund Split Adjustments by Line Item				
	Total Funds	General Fund	Cash Funds	Federal Funds
<i>FY 2006-07 Adjustments</i>				
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding; Child Welfare Services	\$0	\$31,789	\$0	(\$31,789)
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$0	\$541,906	\$0	(\$541,906)
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$0	\$20,438	\$0	(\$20,438)
<i>Subtotal FY 2006-07 Adjustments</i>	<i>\$0</i>	<i>\$594,133</i>	<i>\$0</i>	<i>(\$594,133)</i>
<i>FY 2007-08 Adjustments</i>				
(2) Medical Services Premiums	\$0	(\$709,066)	\$0	\$709,066
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$0	\$598,347	\$0	(\$598,347)
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$0	\$18,377	\$0	(\$18,377)
<i>Subtotal FY 2007-08 Adjustments</i>	<i>\$0</i>	<i>(\$92,342)</i>	<i>\$0</i>	<i>\$92,342</i>
<i>FY 2008-09 Adjustments</i>				
(1) Executive Director's Office; (A) General Administration, Personal Services	\$0	(\$19,879)	\$19,879	\$0
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	(\$333)	\$333	\$0
<i>Subtotal FY 2008-09 Adjustments</i>	<i>\$0</i>	<i>(\$20,212)</i>	<i>\$20,212</i>	<i>\$0</i>

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.2: Summary of Fund Split Adjustments by Line Item				
	Total Funds	General Fund	Cash Funds	Federal Funds
Total Adjustments to FY 2008-09 Appropriations				
(1) Executive Director's Office; (A) General Administration, Personal Services	\$0	(\$19,879)	\$19,879	\$0
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	(\$333)	\$333	\$0
(2) Medical Services Premiums	\$0	(\$709,066)	\$0	\$709,066
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding; Child Welfare Services	\$0	\$31,789	\$0	(\$31,789)
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$0	\$1,140,253	\$0	(\$1,140,253)
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$0	\$38,815	\$0	(\$38,815)
Total Adjustments FY 2008-09	\$0	\$481,579	\$20,212	(\$501,791)
Total Adjustments to FY 2009-10 Appropriations				
(1) Executive Director's Office; (A) General Administration, Personal Services	\$0	(\$9,939)	\$9,939	\$0
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	(\$333)	\$333	\$0
Total Adjustments FY 2009-10	\$0	(\$10,272)	\$10,272	\$0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.3: Waiver Programs for Disabled Persons			
Fund Split Adjustment			
	Total Funds	General Fund	Federal Funds
FY 2006-07			
Actual	\$0	\$1,782,401	(\$1,782,401)
Correct	\$0	\$1,188,268	(\$1,188,268)
Difference	\$0	\$594,133	(\$594,133)
FY 2007-08			
Actual	\$0	\$1,251,826	(\$1,251,826)
Correct	\$0	\$635,102	(\$635,102)
Difference	\$0	\$616,724	(\$616,724)
Total Request			
Actual	\$0	\$3,034,227	(\$3,034,227)
Correct	\$0	\$1,823,370	(\$1,823,370)
Difference	\$0	\$1,210,857	(\$1,210,857)

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.4: Calculation of Adjustment for Waiver Programs for Disabled Persons									
	FY 2006-07			FY 2007-08			Total Request		
	Actual	Corrected	Difference	Actual	Corrected	Difference	Actual	Corrected	Difference
Waiver for Persons Developmentally Disabled									
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$917,710	\$611,807	\$305,903	\$637,796	\$318,898	\$318,898	\$1,555,506	\$930,705	\$624,801
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$61,315	\$40,877	\$20,438	\$55,132	\$36,755	\$18,377	\$116,447	\$77,631	\$38,815
Subtotal - DD Waiver	\$979,025	\$652,683	\$326,341	\$692,928	\$355,653	\$337,275	\$1,671,953	\$1,008,336	\$663,616
Supported Living Services Waiver									
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$708,010	\$472,006	\$236,003	\$489,884	\$244,942	\$244,942	\$1,197,894	\$716,948	\$480,945
Subtotal - SLS Waiver	\$708,010	\$472,006	\$236,003	\$489,884	\$244,942	\$244,942	\$1,197,894	\$716,948	\$480,945
Children's Extensive Support Waiver									
(6) Department of Human Services Medicaid-Funded Programs; (F) Services or People with Disabilities; Program Costs	\$0	\$0	\$0	\$69,014	\$34,507	\$34,507	\$69,014	\$34,507	\$34,507
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding; Child Welfare Services	\$95,367	\$63,578	\$31,789	\$0	\$0	\$0	\$95,367	\$63,578	\$31,789
Subtotal - CES Waiver	\$95,367	\$63,578	\$31,789	\$69,014	\$34,507	\$34,507	\$164,381	\$98,085	\$66,296
Summary of Waivers									
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Program Costs	\$1,625,720	\$1,083,813	\$541,906	\$1,196,694	\$598,347	\$598,347	\$2,822,414	\$1,682,160	\$1,140,253
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities; Regional Centers	\$61,315	\$40,877	\$20,438	\$55,132	\$36,755	\$18,377	\$116,447	\$77,631	\$38,815
(6) Department of Human Services Medicaid-Funded Programs; (D) Division of Child Welfare - Medicaid Funding; Child Welfare Services	\$95,367	\$63,578	\$31,789	\$0	\$0	\$0	\$95,367	\$63,578	\$31,789
Total - All Waivers	\$1,782,401	\$1,188,268	\$594,133	\$1,251,826	\$635,102	\$616,724	\$3,034,228	\$1,823,369	\$1,210,857

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Table A.5: Breast and Cervical Cancer Prevention and Treatment Program Administrator Costs Fund Split Adjustment					
	Annual Salary	Operating Costs	Total Funds	General Fund	Breast and Cervical Cancer Prevention and Treatment Fund
FY 2008-09					
The state share is 35% of total costs; 100% of the state share should be paid from the cash fund.					
(1) Executive Director's Office; (A) General Administration, Personal Services	\$56,796	\$0	\$0	(\$19,879)	\$19,879
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	\$950	\$0	(\$333)	\$333
Subtotal FY 2008-09 Adjustment	\$56,796	\$950	\$0	(\$20,212)	\$20,212
FY 2009-10					
The state share is 35% of total costs; 50% of the state share should be paid from the cash fund, and 50% from the General Fund.					
(1) Executive Director's Office; (A) General Administration, Personal Services	\$56,796	\$0	\$0	(\$9,939)	\$9,939
(1) Executive Director's Office; (A) General Administration, Operating Expenses	\$0	\$950	\$0	(\$333)	\$333
Subtotal FY 2009-10 Adjustment	\$56,796	\$950	\$0	(\$10,272)	\$10,272

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners									
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew			Date: January 2, 2009		12/23/08	
Priority Number:		S-B, BA-7			OSPB Approval:			Date: 12-28-08			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	2,237,284,805	2,322,097,599	6,060,298	2,328,157,897	2,343,782,122	0	2,343,782,122	5,190,447	2,348,972,569	2,772,553
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	714,806,487	703,222,480	0	703,222,480	704,128,595	0	704,128,595	0	704,128,595	0
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	85,281,324	3,030,149	88,311,473	95,217,469	0	95,217,469	2,595,224	97,812,693	1,386,277
	CFE/RF	72,252,413	2,767,998	0	2,767,998	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,122,725,905	1,161,825,797	3,030,149	1,164,855,946	1,172,668,060	0	1,172,668,060	2,595,223	1,175,263,283	1,386,276
(2) Medical Services Premiums	Total	2,237,284,805	2,322,097,599	6,060,298	2,328,157,897	2,343,782,122	0	2,343,782,122	5,190,447	2,348,972,569	2,772,553
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	714,806,487	703,222,480	0	703,222,480	704,128,595	0	704,128,595	0	704,128,595	0
	GFE	327,500,000	369,000,000	0	369,000,000	369,000,000	0	369,000,000	0	369,000,000	0
	CF	0	85,281,324	3,030,149	88,311,473	95,217,469	0	95,217,469	2,595,224	97,812,693	1,386,277
	CFE/RF	72,252,413	2,767,998	0	2,767,998	2,767,998	0	2,767,998	0	2,767,998	0
	FF	1,122,725,905	1,161,825,797	3,030,149	1,164,855,946	1,172,668,060	0	1,172,668,060	2,595,223	1,175,263,283	1,386,276
Non-Line Item Request:		None									
Letternote Revised Text:		The cash funds amount for both years shall be public funds certified as expenditures incurred by public hospitals and agencies that are eligible for federal financial participation under the Medicaid program.									
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT?		Yes: No: N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:		N/A									

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-8, BA-7
Change Request Title:	Additional Medicaid Reimbursement to Denver Health Medical Center for Services Provided by Hospital-based Physicians and Other Practitioners

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for spending authority in the (2) Medical Services Premiums line to provide “supplemental” payments to Denver Health Medical Center for hospital-based physician and other professional services (Certified Registered Nurse Anesthetists, Physician Assistants, and Certified Nurse Midwives) rendered to Medicaid clients. The payments would supplement Denver Health’s fee-for-service payments. For FY 2008-09 the Department requests \$6,060,298 total funds, \$3,030,149 cash funds and \$3,030,149 federal funds. For FY 2009-10 the Department requests \$5,190,447 total funds, \$2,595,224 cash funds and \$2,595,223 federal funds. This request has no General Fund impact.

Background and Appropriation History:

The Department makes payments to Denver Health Medical Center for physician and other non-physician practitioner professional services on a fee-for-service basis based on claims submitted to the Medicaid Management Information System (MMIS). The payments are made from appropriations to the Medical Services Premiums line item and the State share of the payments are General Fund. On September 30, 2005, the

Department submitted a State Plan Amendment (Transmittal #05-017) to the federal Centers for Medicare and Medicaid Services (CMS) to provide additional compensation to Denver Health Medical Center for these services in the form of supplemental payments. The supplemental payments would be financed with federal funds based on cash funds from the certification of public expenditures and would not require the use of any General Fund. The State Plan Amendment has not been approved and has been in an inactive status since August 2006.

Since that time, the Centers for Medicare and Medicaid Services has approved similar State Plan Amendments for a number of other states and in August 2008 the Centers for Medicare and Medicaid Services Regional Office provided training that included guidelines and requirements for approval of State Plan Amendments to provide supplemental payments for services provided by hospital-based physicians and other professionals. In June 2008 the Department met with the Centers for Medicare and Medicaid Services Regional Office to discuss resurrecting the State Plan Amendment. In this meeting and in subsequent communication, the Centers for Medicare and Medicaid Services Regional Office indicated that the Department can resurrect the proposed State Plan Amendment and has suggested that the State revise and resubmit the State Plan Amendment pages to include a detailed description of the proposed methodology for calculating the supplemental payment. As a result of these developments, the Department has revised the original State Plan Amendment language to conform to the guidelines and requirements issued by the Centers for Medicare and Medicaid Services and to closely match the language of the State Plan Amendment approved for the state of California, a model that the Centers for Medicare and Medicaid Services has indicated they prefer. The revised State Plan Amendment pages have been sent to the Centers for Medicare and Medicaid Services Regional Office for review. The Department is currently awaiting their response.

In addition, the Department has held several meetings with Denver Health Medical Center financial staff to discuss the data and documentation required to implement and calculate the supplemental payments. Denver Health Medical Center is in the process of providing the data and documentation to the Department. The Department anticipates that a State

Plan Amendment to authorize supplemental payments will be approved before the end of the current state fiscal year and that payments can be made during the current fiscal year if spending authority is available. This request seeks to secure spending authority for the payments in anticipation of approval of the State Plan Amendment.

General Description of Request:

This request is for spending authority in the (2) Medical Services Premiums line to provide “supplemental” payments to Denver Health Medical Center for hospital-based physician and other professional services (Certified Registered Nurse Anesthetists, Physician Assistants, and Certified Nurse Midwives) rendered to Medicaid clients. The payments would supplement Denver Health’s fee-for-service payments. For FY 2008-09 the Department requests \$6,060,298 total funds, \$3,030,149 cash funds and \$3,030,149 federal funds. For FY 2009-10 the Department requests \$5,190,447 total funds, \$2,595,224 cash funds and \$2,595,223 federal funds. This request has no General Fund impact.

Denver Health Medical Center incurs costs to directly employ or contract for physicians and other non-physician professional practitioners who provide services to patients in an inpatient and outpatient hospital setting. The costs for these physicians and other practitioners are not included as inpatient or outpatient hospital costs. Denver Health Medical Center submits claims to third party commercial or public program payers such as Medicaid for physician and practitioner services provided to hospital patients separately from claims for inpatient or outpatient services. Upon approval by the Centers for Medicare and Medicaid Services, the State Plan Amendment will provide a supplemental payment up to the lesser of the uncompensated or reasonable costs of providing physician and specified non-physician professional practitioners to Medicaid eligible hospital patients incurred by Denver Health Medical Center.

The Centers for Medicare and Medicaid Services has provided guidelines for states to follow in order to calculate the uncompensated costs and to determine whether payment rates are efficient and economic and thereby reasonable. The State matching share of the supplemental payments is Cash Funds from the certification of public expenditures by Denver Health Medical Center. The payment would require no expenditure of General

Fund. Denver Health Medical Center would receive the federal share of the payments. The State Plan Amendment is designed to allow the possibility of adding other qualified government owned or operated providers in the future.

Uncompensated Medicaid costs will be determined using data from various sources. Total costs are identified on the annual CMS-2552-96 Medicare/Medicaid Cost Report. Charges and payment data are from Denver Health Medical Center's accounts receivable system and the Medicaid Management Information System. Using cost to charge ratios, the portion of total costs allocable to Medicaid will be determined. Actual Medicaid payments for the time period are then subtracted from the calculated Medicaid costs to determine Denver Health Medical Center's uncompensated costs. For purposes of calculating supplemental payments for calendar years for which the CMS-2552-96 report has not been completed, the most recent "as filed" report will be used and amounts will be adjusted by the Bureau of Labor Statistics, Consumer Price Index—Urban Wage Earners and Clerical Workers, U.S City Average for Medical Care. Payments will be adjusted subsequently after the cost report for that year is filed and again when the cost report is finalized if there are differences from the as-filed report. This amount will be paid only if it is lower than the reasonable costs and to the extent of Denver Health Medical Center's certification of public expenditures.

The determination of reasonable Medicaid costs is based on a calculation of the average amount commercial payers would have paid for the services rendered to Medicaid clients for the calendar year. The average rate paid to commercial payers for each procedure is calculated using data from Denver Health Medical Center's accounts receivable system. The average commercial rates are multiplied by the number of units of each procedure rendered to Medicaid clients for the same period as identified from the State's Medicaid Management Information System. The sum of the products is the upper limit (reasonable cost) of allowable Medicaid reimbursement. Actual Medicaid payments for the time period are subtracted from the calculated reasonable costs to determine the maximum allowable supplemental payment to Denver Health Medical Center. This amount will be paid only if it is lower than the uncompensated costs and to the extent of Denver Health Medical Center's certification of public expenditures.

The Safety Net Programs section of the Department has a dedicated accountant who is responsible for calculating upper payment limits and other requirements related to the certification of public expenditures. Consequently, the Department will be able to implement the new State Plan Amendment methodology, if approved, with its existing resources. Denver Health Medical Center will be adding staff in order to facilitate the flow of information to the Department, including any additional information required as a result of the implementation of the proposed State Plan Amendment.

Consequences if Not Funded:

If the request is not funded, an opportunity to provide additional Medicaid funding to Denver Health Medical Center, an important safety net provider of services to Medicaid clients and medically indigent Denver residents at no cost to the State will be delayed or reduced. It is likely that the State Plan Amendment will be approved by the Centers for Medicare and Medicaid Services during FY 2008-09. If spending authority is not appropriated for FY 2008-09 and payments are deemed subject to the two-year timely filing federal rule, the Department will be unable to claim federal funds for which it would otherwise be eligible for earlier quarters and the overall payments to Denver Health Medical Center will be reduced. If the level of funding does not increase as Denver Health Medical Center's costs increase, the provider's ability to provide quality services to Medicaid and low-income Denver residents could be compromised.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	Cash Funds	Federal Funds
Total Request	\$6,060,298	\$3,030,149	\$3,030,149
(2) Medical Services Premiums	\$6,060,298	\$3,030,149	\$3,030,149

Summary of Request FY 2009-10	Total Funds	Cash Funds	Federal Funds
Total Request	\$5,190,447	\$2,595,224	\$2,595,223
(2) Medical Services Premiums	\$5,190,447	\$2,595,224	\$2,595,223

Summary of Request FY 2010-11	Total Funds	Cash Funds	Federal Funds
Total Request	\$2,772,553	\$1,386,277	\$1,386,276
(2) Medical Services Premiums	\$2,772,553	\$1,386,277	\$1,386,276

Table 1: Additional Medicaid Reimbursement to Denver Health Medical Center

Summary of Request FY 2008-09	Total Funds	Cash Funds *	Federal Funds
Payment for Period July 1, 2005 to Dec. 31, 2005	\$ 766,749	\$ 383,375	\$ 383,374
Payment for Period Jan. 1, 2006 to Dec. 31, 2006	\$ 2,865,503	\$ 1,432,751	\$ 1,432,752
Payment for Period Jan. 1, 2007 to Dec. 31, 2007	\$ 2,428,046	\$ 1,214,023	\$ 1,214,023
Grand Total for FY 2008-09	\$ 6,060,298	\$ 3,030,149	\$ 3,030,149
Summary of Request FY 2009-10	Total Funds	Cash Funds *	Federal Funds
Payment for Period Jan. 1, 2008 to Dec. 31, 2008	\$ 2,537,842	\$ 1,268,921	\$ 1,268,921
Payment for Period Jan. 1, 2009 to Dec. 31, 2009	\$ 2,652,605	\$ 1,326,303	\$ 1,326,302
Grand Total for FY 2009-10	\$ 5,190,447	\$ 2,595,224	\$ 2,595,223
Summary of Request FY 2010-11	Total Funds	Cash Funds *	Federal Funds
Payment for Period Jan. 1, 2010 to Dec. 31, 2010	\$ 2,772,553	\$ 1,386,277	\$ 1,386,276
Grand Total for FY 2010-11	\$ 2,772,553	\$ 1,386,277	\$ 1,386,276

* From Certification of Public Expenditures by Denver Health Medical Center.

Cash Funds Projections: Not Applicable. The Cash Funds that make up this request are from the certification of public expenditures.

Assumptions for Calculations: The calculations assume that during FY 2008-09 the Centers for Medicare and Medicaid Services will approve the State Plan Amendment concerning supplemental payments to Denver Health Medical Center for the direct services provided to Medicaid beneficiaries by physicians, certified nurse anesthetists, physician assistants and certified nurse midwives back to the State Plan Amendment's effective date of July 1, 2005. In addition, the calculations assume the costs of physician billing and offices attributed to Medicaid services will be approved by the Centers for Medicare and Medicaid Services to be included in calculation of costs subject to reimbursement by the supplemental payments. The Department also assumes that the methodology (described above) used to extract the data used in the calculations from Denver Health Medical Center's accounts receivable system and the State's Medicaid Management Information System and the methodology used to calculate the supplemental payments for this change request will be acceptable to and approved by the Centers for Medicare and Medicaid Services. Finally, the Department assumes that Denver Health Medical Center's uncompensated costs of providing services to Medicaid clients will be lower than the reasonable costs of providing the services based on the average rates paid to commercial payers. To calculate the request amount, the Department used actual cost data for the FY 2008-09 request, and estimated data (as described above) for the FY 2009-10 request.

Impact on Other Government Agencies: Not Applicable.

Cost Benefit Analysis: With approval of this request, reimbursement to Denver Health Medical Center, an important safety net provider of access and services to Medicaid clients and low-income medically indigent Denver residents will be increased at no General Fund cost to the State. This will help maintain Denver Health Medical Center's ability to continue to provide an adequate level and quality of service to these clients. As illustrated in the table below, the benefits outweigh the costs.

Cost Benefit Analysis

	Benefit	Cost	Net Benefit
	Additional Reimbursement to Denver Health Medical Center for Hospital-based Physician and Professional Services	Additional State General Fund Required for Additional Payments to Denver Health Medical Center	100% Federal Funds
Time Period Covered by Additional Payments			
July 1, 2005 through December 31, 2005 (1/2 year)	\$383,374	\$0	\$383,374
January 1, 2006 through December 31, 2006	\$1,432,752	\$0	\$1,432,752
January 1, 2007 through December 31, 2007	\$1,214,023	\$0	\$1,214,023
January 1, 2008 through December 31, 2008	\$1,268,921	\$0	\$1,268,921
January 1, 2009 through December 31, 2009	\$1,326,302	\$0	\$1,326,302
State Fiscal Year in Which Payments Are Made			
FY 2008-09 (Calendar Years 2005, 2006 and 2007)	\$3,030,149	\$0	\$3,030,149
FY 2009-10 (Calendar Years 2008 and 2009)	\$2,595,223	\$0	\$2,595,223
Total Payments for Both State Fiscal Years	\$5,625,372	\$0	\$5,625,372

Implementation Schedule:

Task	Month/Year
Waiver or State Plan Amendment Written	November 2008
Waiver or State Plan Amendment Approved	April 2009
Contract or MOU Written	April 2009
Rules Written	April 2009
Rules Passed	May 2009
Contract or MOU Awarded/Signed	May 2009
Initial Payments Made	June 2009

Statutory and Federal Authority:

25.5-4-104, C.R.S. (2008). Program of medical assistance - single state agency.

(1) The state department, by rules, shall establish a program of medical assistance to provide necessary medical care for the categorically needy. The state department is hereby designated as the single state agency to administer such program in accordance with Title XIX and this article and articles 5 and 6 of this title. Such program shall not be required to furnish recipients under sixty-five years of age the benefits that are provided to recipients sixty-five years of age and over under Title XVIII of the social security act; but said program shall otherwise be uniform to the extent required by Title XIX of the social security act

42 CFR 430.12 (c) *Plan amendments.* The plan must provide that it will be amended whenever necessary to reflect – (ii) Material changes in State law, organization or policy, or in the State’s operation of the Medicaid program...

42 CFR 433.51 Public funds as the State share of financial participation.

(a) Public funds may be considered as the State’s share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.

(b) The public funds are ... certified by the contributing public agency as representing expenditures eligible for FFP under this section.

Performance Measures:

This request would assist the Department in achieving its performance measure to “maintain or reduce the difference between the Department’s spending authority and actual expenditures for Medical Services Premiums.”

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: Nursing Facility Audits to Implement HB 08-1114		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/23/08</i>			
Priority Number: S-11		OSPB Approval:			<i>[Signature]</i>			Date: <i>12-23-08</i>			
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision/ Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	0	1,708,700	144,600	1,853,300	1,708,700	0	1,708,700	0	1,708,700	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	854,350	0	854,350	854,350	0	854,350	0	854,350	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	72,300	72,300	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	854,350	72,300	926,650	854,350	0	854,350	0	854,350	0
(1) Executive Director's Office; (F) Provider Audits and Services, Professional Audit Contracts*	Total	0	1,708,700	144,600	1,853,300	1,708,700	0	1,708,700	0	1,708,700	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	854,350	0	854,350	854,350	0	854,350	0	854,350	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	72,300	72,300	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	0	854,350	72,300	926,650	854,350	0	854,350	0	854,350	0

Note: Prior to the reorganization of the Department's budget in the FY 2008-09 Long Bill HB 08-1375, funding for nursing facility audits was appropriated in (1) Executive Director's Office; Nursing Facility Audits.

Non-Line Item Request: None

Letternote Revised Text: None

Cash or Federal Fund Name and COFRS Fund Number: CF: Medicaid Nursing Facility Cash Fund 22X; FF: Title XIX

Reappropriated Funds Source, by Department and Line Item Name: N/A

Approval by OIT? Yes: No: N/A:

Schedule 13s from Affected Departments: N/A

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-11
Change Request Title:	Nursing Facilities Audits to Implement HB 08-1114

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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 \$144,600 total funds, including \$72,300 in cash funds and \$72,300 in federal funds in FY 2008-09 for the (1) Executive Director’s Office; (F) Provider Audits and Services, Professional Audit Contracts line item to re-audit nursing facility cost reports for rate setting purposes under HB 08-1114. This request for FY 2008-09 funding is contingent upon federal approval by April 1, 2009 of new nursing facility reimbursement methodology pursuant to HB 08-1114. If federal approval is received after April 1, 2009, the Department would revert spending authority in FY 2008-09 and would require a future budget action to obtain spending authority for FY 2009-10. This request meets the supplemental criteria of no General Fund impact, statutory mandate and unforeseen contingency regarding the scope of work needed to implement HB 08-1114.

Background and Appropriation History:

The Department is statutorily required to audit costs reported by Medicaid nursing facilities for rate setting purposes. The Department contracts with an independent accounting firm to perform audits of nursing facility cost reports. The Medicaid “Financial and Statistical Report of Nursing Homes” (MED-13) determines which costs are

reasonable, necessary, and patient related to subsequently set rates based on those costs. The audited cost reports are the basis for setting nursing facility rates to cover the reasonable and necessary costs of providing care for Medicaid clients, in accordance with State and federal statutes.

The auditing contract is administered at a flat monthly rate. This flat reimbursement system was implemented by the Department in 1998 to simplify accounting, contract management and budgeting procedures; thus, vendors must submit a fixed price bid for the entire contract period. This fixed price system allows funding for this function to be requested on a continuation basis throughout the five-year period.

During the 2008 legislative session, HB 08-1114 was enacted which made significant changes to nursing facility reimbursement methodology. The audit contractor will need to evaluate different information than what has been reviewed in the past in order to calculate rates in accordance with the new methodology. This change will neither affect the cost of conducting current audits nor their overall scope or level of detail. However, this change will require the Department's contractor to perform an additional audit of cost reports in order to modify reimbursement rates pursuant to HB 08-1114.

In addition to establishing a new reimbursement methodology, HB 08-1114 authorized the Department to collect a provider fee from nursing facility providers. All provider fees collected will be transmitted to the State Treasurer for credit to the Medicaid Nursing Facility Cash Fund and subject to federal approval, draw federal matching funds for payment to nursing facilities using the new rate methodology. Monies in the cash fund may be used for the administrative costs of implementing the new methodology pursuant to 25.5-6-203 (2) (b) (I), C.R.S. (2008).

Since the provider fee is contingent upon the timing of federal approval, some administrative costs related to FTE and contractors will be incurred prior to collection of the fee. The Department was appropriated additional funding for these administrative costs as described in its June 5, 2008 fiscal note for HB 08-1114 and assumed these costs could be backfilled once the provider fee is collected. The Department's appropriation in

HB 08-1114 included two alternate amounts contingent on if and when federal approval is received. If the Department receives federal approval by April 1 2009, then Section 8 of the appropriation clause for HB 08-1114 becomes effective. Section 8 includes an appropriation of \$175,000 in total funds for contractors to assist with the implementation of HB 08-1114. These funds will be used in order to implement a pay for performance model for nursing facility reimbursement and assist the Department in resolving technical State Plan Amendment issues related to federal financing and reporting. The Department has developed preliminary performance measures to assess quality of care in each nursing facility. A request for proposals will be released to obtain a contractor to conduct on-site reviews to validate that programs submitted by nursing facility providers for consideration are in place and sustained. The contractor will also develop the pay for performance evaluation instrument, reporting mechanisms, and any other ancillary documents and systems to successfully implement this program.

In addition, these appropriated contractor funds will be used to assist the Department with technical issues regarding implementation of the bill. The current contractor is working with the Department to obtain federal approval of the new reimbursement methodology and provider fee. The contractor helped develop the State Plan Amendment for the new reimbursement methodology, the waiver necessary to implement the provider fee, and assisted the Department in discussions with the Centers for Medicare and Medicaid Services. The Department submitted the State Plan Amendment and waiver to the Centers for Medicare and Medicaid Services in September 2008 and is anticipating approval by April 2009. The contractor is also assisting the Department with developing a system for invoicing and collection in order to determine the amount of fees each nursing facility must pay and to collect those fees.

General Description of Request:

The Department is requesting one-time funding to re-audit nursing facility cost reports for rate setting purposes in accordance with the passage of HB 08-1114. In its June 5, 2008 fiscal note, the Department assumed the nursing facility audits could be timed in such a way so as not to result in additional costs. While the overall scope or detail level of audits currently conducted will not be changed by the new reimbursement methodology, the

Department underestimated the complexity involved with implementing the new methodology.

Because the Department has not yet received federal approval, the audit contractor began conducting audits for setting nursing facility rates in October 2008 in accordance with the old methodology. Once the Department receives federal approval, the contractor will need to re-audit all nursing facility cost reports in order to set rates in accordance with the new methodology. As a result, the contractor requires additional funds of \$144,600 in order to sufficiently implement the requirements of HB 08-1114, assuming federal approval is received.

Upon federal approval, the Department would implement the new reimbursement methodology and begin collecting the provider fee. The cash funds collected through the provider fee and deposited into the Medicaid Nursing Facility Cash Fund would then be used to fund this request. The Department assumes that in order to implement the new methodology and begin collecting the fee in FY 2008-09, it would need to obtain federal approval by April 1, 2009. Approval by April 1, 2009 would allow the Department sufficient time to retroactively reimburse nursing facility providers at the new rate back to July 2008 and collect the provider fee in FY 2008-09.

If the Department were to receive approval after April 1, 2009, the Department assumes there would not be sufficient time remaining in FY 2008-09 to begin reimbursing the nursing facility providers back to July 1, 2008 at the new rate and collecting the provider fee. Therefore, the Department would not begin retroactively paying the new rate or begin collecting the fee for FY 2008-09 until FY 2009-10. In this case, the Department would revert spending authority in FY 2008-09 and would require a future budget action to obtain spending authority for FY 2009-10.

Consequences if Not Funded:

If this request is not approved, the Department would not be able to comply with the statutory requirements set forth in HB 08-1114. This bill made significant changes to nursing facility reimbursement methodology with an effective date of July 1, 2008. In order to comply with these statutory requirements, the Department would need to re-audit

cost reports for rate setting purposes back to July 2008, and the re-audit cannot be completed without additional funding.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	Cash Funds*	Federal Funds
Total Request	\$144,600	\$72,300	\$72,300
(1) Executive Director's Office; (F) Provider Audits and Services, Professional Audit Contracts	\$144,600	\$72,300	\$72,300

*Cash Funds Source: Medicaid Nursing Facility Cash Fund.

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2007-08 Expenditures	FY 2007-08 End of Year Cash Balance	FY 2008-09 End of Year Cash Balance Estimate *	FY 2009-10 End of Year Cash Balance Estimate *	FY 2010-11 End of Year Cash Balance Estimate *
Medicaid Nursing Facility Cash Fund	22X	\$0	\$0	\$0	\$6,570,281	\$13,140,562

* Cash Balance Estimates do not incorporate the impact of any Change Requests.

Assumptions for Calculations:

The Department's calculations are based on a cost estimate for a total of \$144,600 from its contractor for nursing facility audits and rate calculations. The work required is an extension of the work currently in the auditor's contract. The contractor estimated the amount of staff hours needed at various staffing levels to develop rates under the proposed system by re-auditing cost reports. The estimate also includes fiscal modeling to accurately determine the initial impact from the new reimbursement system.

Impact on Other Government Agencies: None.

Cost Benefit Analysis:

FY 2009-10 Cost Benefit Analysis	Costs	Benefits
Request	The cost of the request includes \$144,600 total funds, including \$72,300 in cash funds to increase the funding for audits of Medicaid nursing facilities.	Increasing the funding for the nursing facility audits would enable the Department to comply with the statutory requirements set forth in HB 08-1114 requiring a new nursing facility reimbursement methodology.
Consequences if not Funded	If this request is not approved the Department would be unable to implement a new reimbursement methodology in compliance with HB 08-1114.	No benefits.

Implementation Schedule:

Implementation is subject to federal approval. The Department's fiscal note for HB 08-1114 estimated in order to implement the new methodology in FY 2008-09, the Department would need to receive approval from the Centers for Medicare and Medicaid Services by April 1, 2009. Upon approval, the Department could amend its contract with the vendor so that the vendor may begin work to re-audit nursing facility cost reports and complete the audits by June 30, 2008. Should the Department receive federal approval after April 1, 2009, the Department would not begin work until FY 2009-10.

Statutory and Federal Authority:

25.5-6-202 (9) (c) (II), C.R.S. (2008) *For all rates effective on or after July 1, 1997, for each lass I nursing facility provider, only such costs as are reasonable, necessary, and patient-related may be reported for reimbursement purposes. Nursing facility providers may include the level of medicare part A ancillary costs that was included and allowed in the facility's last medicaid cost report filed prior to July 1, 1997. Any subsequent increase in this amount shall be limited to either the increase in the facility's allowable medicare part A ancillary costs or the percentage increase in the cost of medical care reported in the United States department of labor bureau of labor statistics consumer*

price index for the same time period, whichever is lower. Part B direct costs for medicare shall be excluded from the allowable reimbursement for facilities.

25.5-6-203 (1) (a), C.R.S (2008) Beginning with the fiscal year commencing July 1, 2008, and each fiscal year thereafter, the state department shall charge and collect provider fees on health care items or services provided by nursing facility providers for the purpose of obtaining federal financial participation under the state's medical assistance program as described in articles 4 to 6 of this title. The provider fees shall be used to sustain or increase reimbursement for providing medical care under the state's medical assistance program for nursing facility providers.

Performance Measures:

By assuring the Department has an adequate funding level to conduct nursing facility audits in accordance with the requirements of HB 08-1114, this change request would help the Department achieve its performance measure to “conduct nursing facility audits (both change of ownership or risk based audits) to recoup patient payment (third party liabilities) currently used in personal needs accounts.”

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		Reallocation of the Health Care Services Fund			Dept. Approval by:			John Bartholomew <i>OB</i>		Date: January 2, 2009 <i>12/15/08</i>	
Department:		Health Care Policy and Financing			OSPB Approval:			<i>Smuz</i>		Date: <i>12-18-08</i>	
Priority Number:		S-12, BA-11									
		1	2	3	4	5	6	7	8	9	10
	Fund	Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	37,345,181	36,119,760	0	36,119,760	36,119,760	0	36,119,760	0	36,119,760	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	3,059,880	3,059,880	0	3,059,880	3,059,880	0	3,059,880	0	3,059,880	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	15,000,000	15,000,000	0	15,000,000	15,000,000	0	15,000,000	0	15,000,000	0
	FF	19,285,301	18,059,880	0	18,059,880	18,059,880	0	18,059,880	0	18,059,880	0
(4) Indigent Care Program: The Children's Hospital, Clinic-Based Indigent Care	Total	26,291,760	26,291,760	738,000	27,029,760	26,291,760	0	26,291,760	1,476,000	27,767,760	1,476,000
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	3,059,880	3,059,880	0	3,059,880	3,059,880	0	3,059,880	0	3,059,880	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	10,086,000	10,086,000	369,000	10,455,000	10,086,000	0	10,086,000	738,000	10,824,000	738,000
	FF	13,145,880	13,145,880	369,000	13,514,880	13,145,880	0	13,145,880	738,000	13,883,880	738,000
(4) Indigent Care Program: Health Care Services Fund Programs	Total	11,053,421	9,828,000	(738,000)	9,090,000	9,828,000	0	9,828,000	(1,476,000)	8,352,000	(1,476,000)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	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/RF	4,914,000	4,914,000	(369,000)	4,545,000	4,914,000	0	4,914,000	(738,000)	4,176,000	(738,000)
	FF	6,139,421	4,914,000	(369,000)	4,545,000	4,914,000	0	4,914,000	(738,000)	4,176,000	(738,000)
Non-Line Item Request:		None									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:				FF: Title XIX							
Reappropriated Funds Source, by Department and Line Item Name:				The RF amounts shall be from the Health Care Services Fund created in Section 25.5-3-112 (1) (a), C.R.S.							
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>							
Schedule 13s from Affected Departments:				N/A							

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-12, BA-11
Change Request Title:	Reallocation of the Health Care Services Fund

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for a transfer of \$738,000 total funds in FY 2008-09 and \$1,476,000 total funds in FY 2009-10 from the (4) Indigent Care Program; Health Care Services Fund Programs into the (4) Indigent Care Program; The Children’s Hospital, Clinic-Based Indigent Care line item to reflect a reallocation of the Health Care Services Fund administered by the Department. The request would consist of 50% reappropriated funds and 50% federal funds and would be needed again in FY 2009-10. No General Fund impact would be associated with this request.

Background and Appropriation History:

The Health Care Services Fund was created during the 2006 legislative session with the implementation of Senate Bill 06-044. This legislation represented an effort to reduce the number of emergency room visits by uninsured Coloradans who, in many cases use emergency rooms for either basic health care services or for the treatment of illnesses that could have been treated less expensively if addressed earlier. The use of emergency rooms for the treatment of these types of ailments is believed to result in a shifting of costs within the health care delivery system from hospitals to health insurance entities as increases in uncompensated costs cause average per patient costs to hospitals of providing health care

to rise. Therefore a greater emphasis on primary care of indigent individuals through the Colorado Indigent Care Program (CICP) is expected to reduce the number of costly emergency room visits by these individuals and the incidence of the resultant cost shifting. Senate Bill 06-144 also increased the maximum income for eligibility in the CICP from 200% to 250% of the federal poverty level adjusted for family size. This expanded eligibility for medical services provided to indigent individuals.

As a result of Senate Bill 06-044, the Colorado Health Care Services Fund was established during the 2006 legislative session to increase funding to community health clinics operated by a Federally Qualified Health Center (FQHC) and primary care clinics operated by a CICP Hospital. In this context, the Children's Hospital was chosen as the receiving entity for the funding to CICP community health clinics, since the Hospital has historically acted as the administrator of existing payments to community health clinics in its function as the recipient of funds from the Department's (4) Indigent Care Program; Children's Hospital, Clinic-Based Indigent Care line item. Effective July 1, 2006, the Fund is used for the provision of primary care services to Colorado Indigent Care Program (CICP) clients and other low-income adults in an outpatient setting. The enabling legislation also directed the Department to pursue federal financial participation, matching expenditures from the Fund without a corresponding reduction in Cash Funds Exempt spending authority. The Department was successful in securing a federal match on all funding for this purpose through FY 2007-08, and retroactively for the fourth quarter of FY 2006-07. Further legislation affected the development of the Health Care Services Fund by expanding the size of the population that could potentially be served. House Bill 07-1258 removed the age restriction on the use of these funds, allowing low-income individuals of all ages to receive services through clinics receiving funds from the Health Care Services Fund. Prior to the passage of this bill, only low-income adults were eligible for primary care services funded by the Health Care Services Fund.

As specified in 25.5-3-112 (1) (b), C.R.S. (2008), for fiscal years FY 2007-08, FY 2008-09, and FY 2009-10, \$15,000,000 will be appropriated from the general fund to the Health Care Services Fund. Eighteen percent of this appropriation, or \$2,700,000, will be paid to Denver Health Medical Center as the community health clinic provider for the City

and County of Denver. With the addition of the federal match, the total payment to Denver Health Medical Center through the (4) Indigent Care Program; Health Care Services Fund Programs line item was \$5,400,000 in FY 2007-08. For FY 2007-08 through FY 2009-10, of the moneys remaining after the appropriation to Denver Health Medical Center, the allocation of the Health Care Services Fund to community health clinics and primary care clinics shall be determined based on prior client utilization data as specified in Rule by the Medical Services Board.

The Medical Services Board chose to allocate the Fund in FY 2007-08 identically to the FY 2007-08 allocation specified in 25.5-3-112 (2) (b) (I) and (2) (b) (II), C.R.S. (2008). Thus, in FY 2007-08, eighty-two percent of the funding remaining after the appropriation to Denver Health Medical Center, or \$10,086,000 was distributed to community health clinics to provide primary care services to CICP clients and low-income individuals. Eighteen percent of the funding remaining after the appropriation to Denver Health Medical Center, or \$2,214,000 was appropriated to primary care clinics operated by a licensed or certified health care facility or CICP hospital provider to provide primary care to CICP clients and low-income individuals.

General Description of Request:

This request is for a transfer of \$738,000 total funds in FY 2008-09 and \$1,476,000 in FY 2009-10 from the (4) Indigent Care Program; Health Care Services Fund Programs into the (4) Indigent Care Program; The Children's Hospital, Clinic-Based Indigent Care line item to reflect a reallocation of the Health Care Services Fund administered by the Department. The request would consist of 50% reappropriated funds and 50% federal funds and would be needed again in FY 2009-10. As the authority of the Medical Services Board to determine the allocation of the Health Care Services Fund after the payment to Denver Health Medical Center is set in statute, the Department needs only to adjust the reappropriated funds appropriations to these two line items in FY 2008-09 and FY 2009-10 in order to satisfy the requirements of 25.5-3-112 (2) (b) (III), C.R.S. (2008).

At the time the allocation was set for FY 2007-08, the Medical Services Board instructed the Department to research prior utilization data so that future year allocations of the Health Care Services Fund could be established taking legislative intent into consideration.

In an effort to streamline the administrative process for participating providers, the Colorado Indigent Care Program consolidated its data reporting and application processes for all providers and issued requests to Health Care Services Fund providers for all available data in March of 2008. The data was due to the Department in April 2008, and was analyzed by the Department in May 2008. Utilization factors used in the analysis included unique client count, number of visits, and uncompensated costs where the number of visits per client was not previously taken into account when setting the allocation of the Fund. Stakeholders were consulted in June 2008 in order to determine the impact of the proposed allocation upon providers receiving funding from the Fund. Lastly, findings, recommendations and a proposed emergency rule were presented to the Medical Services Board in July 2008.

Analysis of prior utilization data submitted to the Department revealed that the community health clinics were to receive a larger allocation of the Colorado Health Care Services Fund than they had in FY 2006-07 and FY 2007-08. The Board approved the Department's recommended allocation of the Health Care Services Fund on July 11, 2008 in MSB 08-06-17-B, which was then put into Rule at 10 CCR 2505 10-8.903 (14) (a). By taking into account client utilization in addition to unique client count, the Department is able to ensure that clients with higher utilization needs will benefit from the proposed reallocation of the Health Care Services Fund. The Rule included a phased implementation of the new allocation methodology so that the decreasing funding to primary care clinics would not be instituted all at once. In order to minimize the initial impact to Primary Care Clinics, the Department will implement 50% of the funding reduction in FY 2008-09, and 50% of the funding reduction in FY 2009-10. A State Plan Amendment (Transmittal Number 08-010) which addresses the federal impact of the revised methodology was submitted to the Centers for Medicare and Medicaid Services on September 30, 2008. The Department does not anticipate difficulty in obtaining approval as the expected net change in federal financial participation due to the proposed allocation is zero.

Thus in FY 2008-09, after the appropriation to Denver Health Medical Center through the (4) Indigent Care Program; Health Care Services Fund Programs line item, the Medical

Services Board established that 85% of the remaining balance of the Health Care Services Fund, or \$10,455,000, would be distributed to community health clinics. As federal financial participation for the Health Care Services Fund (according to the federal funds match rate of 50%) had been secured beginning in FY 2007-08, an additional \$10,455,000 was made available for distribution to community health clinics through the (4) Indigent Care Program; Children's Hospital, Clinic-Based Indigent Care line item. The 15% of the balance of the fund remaining after the appropriation to Denver Health Medical Center, or \$1,845,000 is to be distributed to primary care clinics through the (4) Indigent Care Program; Health Care Services Fund Programs line item; a federal match of \$1,845,000 was also secured for this purpose in FY 2008-09.

For FY 2009-10, after the appropriation to Denver Health Medical Center, the Medical Services Board authorized the second stage in the implementation of the new allocation, which would increase the distribution of the fund to community health clinics by an additional 3% and decrease the allocation to primary care clinics by this same 3%. After the appropriation to Denver Health Medical Center, 88% of the remaining balance of the Health Care Services Fund (\$10,824,000 in reappropriated funds plus \$10,824,000 federal funds) will be distributed to community health clinics. The 12% remaining after the first two allocations of the fund (\$1,476,000 in reappropriated funds and \$1,476,000 federal funds) will be distributed to primary care clinics.

State law also requires the Department to implement a rule addressing distribution of the Health Care Services Fund amongst individual providers. Distribution of funds to individual community health clinics is based on uncompensated cost. The data analysis conducted in the summer of 2008 did not suggest that the distribution of funds to individual community health clinics needed to be altered as the distribution based on uncompensated cost was deemed to satisfy the intent of the enabling legislation.

However, the data analysis for the distribution of funds to hospital primary care clinics revealed that the methodology behind this distribution could be improved to more equitably distribute the funding among qualified providers. In July 2008 the Medical Services Board approved a rule that sets the distribution for primary care clinics in FY

2008-09 and FY 2009-10 based on the average payment derived from historical unique client count and the number of visits. Prior to this, the distribution of funds to primary care clinics was based only on unique client count. By also incorporating the number of visits into the distribution methodology, providers that serve Colorado Indigent Care Program clients will receive funding amounts which more accurately reflect the resource utilization of CICP clients. The Department has modeled other distribution methodologies and found that the proposed method results in the lowest variance and standard deviation of payments, and is thereby more equitable and allows the provider to better plan and budget for the funds.

Consequences if Not Funded:

If this request were to be denied, the Department would be out of compliance with statutory regulations at 25.5-3-112 (1) (b) (III), C.R.S. (2008) designating the Medical Services Board as the authority responsible for setting the allocation of the Health Care Services Fund (remaining after the statutorily required allocation to Denver Health Medical Center) in FY 2008-09 and FY 2009-10. The Department would also be unable to implement a reimbursement methodology which encourages providers to emphasize intensity of care for their clients in addition to volume of clients seen. Consistency in increased utilization of primary care services is correlated with better health outcomes, reducing both emergency room visits and the incidence of untreated illness. By improving access to primary care services and encouraging Health Care Services Fund providers to emphasize consistency of care, the Department believes it can improve overall health outcomes among the Colorado Indigent Care Program population and better satisfy the intent of SB 06-044. As greater numbers of the uninsured and medically indigent populations move towards more consistent care associated with decreased usage of emergency rooms, the cost shifting addressed in the enabling legislation is expected to decrease.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	General Fund	Reappropriated Funds	Federal Funds
Total Request	\$0	\$0	\$0	\$0
(4) Indigent Care Program; The Children's Hospital, Clinic-Based Indigent Care	\$738,000	\$0	\$369,000	\$369,000
(4) Indigent Care Program; Health Care Services Fund Programs	(\$738,000)	\$0	(\$369,000)	(\$369,000)

Summary of Request FY 2009-10	Total Funds	General Fund	Reappropriated Funds	Federal Funds
Total Request	\$0	\$0	\$0	\$0
(4) Indigent Care Program; The Children's Hospital, Clinic-Based Indigent Care	\$1,476,000	\$0	\$738,000	\$738,000
(4) Indigent Care Program; Health Care Services Fund Programs	(\$1,476,000)	\$0	(\$738,000)	(\$738,000)

Table 2: Historical and Proposed Distribution of the Health Care Services Fund (includes only Reappropriated Fund Amounts in lines receiving Health Care Services Funds)

	FY 2007-08	FY 2008-09	FY 2009-10
General Fund Appropriation to (4) Indigent Care Program; Health Care Services Fund	\$15,000,000	\$15,000,000	\$15,000,000
Denver Health Medical Center ((4) Indigent Care Program; Health Care Services Fund Programs)	18% of the Health Care Services Fund: \$2,700,000	18% of the Health Care Services Fund: \$2,700,000	18% of the Health Care Services Fund: \$2,700,00
Primary Care Clinics ((4) Indigent Care Program; Health Care Services Fund Programs)	18% of Health Care Services Fund after payment to Denver Health Medical Center: \$2,214,000	15% of Health Care Services Fund after payment to Denver Health Medical Center: \$1,845,000	12% of Health Care Services Fund after payment to Denver Health Medical Center: \$1,476,000
Community Health Clinics ((4) Indigent Care Program; Children's Hospital, Clinic-Based Indigent Care)	82% of Health Care Services Fund after payment to Denver Health Medical Center: \$10,086,000	85% of Health Care Services Fund after payment to Denver Health Medical Center: \$10,455,000	88% of Health Care Services Fund after payment to Denver Health Medical Center: \$10,824,000

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2007-08 Expenditures	FY 2007-08 End of Year Cash Balance	FY 2008-09 End of Year Cash Balance Estimate	FY 2009-10 End of Year Cash Balance Estimate	FY 2010-11 End of Year Cash Balance Estimate
Health Care Services Fund	19V	\$15,000,000	\$538,632	\$560,386	\$582,171	\$582,986

Assumptions for Calculations:

The Department assumes that the Centers for Medicare and Medicaid Services will approve State Plan Amendment Transmittal Number 08-010, which details the proposed allocation of the Health Care Services Fund in FY 2008-09 and FY 2009-10 as requested. The Department assumes that the FY 2009-10 appropriation to the Health Care Services Fund will be approved as requested at \$15,000,000. If approved, the Department would need to initiate increased payments to community health clinics that will be retroactively credited to the accounting periods elapsed prior to approval of the State Plan Amendment.

Impact on Other Government Agencies:

None.

Cost Benefit Analysis:

Not applicable.

Implementation Schedule:

Task	Month/Year
Internal Research/Planning Period	February-May 2008
Consultation with Stakeholders	June 2008
Rules Written	June 2008
Rules Passed	July 2008
State Plan Amendment Written	September 2008
State Plan Amendment Approved	March 2009
Start-Up Date	March 2009

Statutory and Federal Authority:

25.5-3-112, C.R.S. (2008). Health Care Services Fund-creation-state plan amendment.
(2) (III) For fiscal year 2007-08 and each of the two fiscal years thereafter, the allocation of the moneys remaining after the appropriation pursuant to paragraph (a) of this subsection (2) shall be determined based on prior utilization as specified in rule by the state board.

Performance Measures:

Not applicable.

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10				
Request Title:	Eliminate Colorado Cares Fund											
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew JB			Date:	January 2, 2009 12/15/08			
Priority Number:	S-14, BA-13			OSPB Approval:	[Signature]			Date:	12-19-08			
	Fund	1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11	
Total of All Line Items	Total	52,811,679	74,911,863	(3,918,036)	71,002,099	74,642,085	0	74,642,085	(3,915,972)	70,734,385	(3,915,972)	
	FTE	243.8	272.7	(3.8)	268.9	276.0	0.0	276.0	(3.8)	272.2	(3.8)	
	GF	17,966,563	22,737,685	6,655	22,744,340	22,563,747	0	22,563,747	6,655	22,570,402	6,655	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	10,372,487	(3,931,345)	6,449,414	10,370,993	0	10,370,993	(3,929,281)	6,449,984	(3,929,281)	
	CFE/RF	8,602,336	1,680,237	0	1,680,237	1,678,613	0	1,678,613	0	1,678,613	0	
	FF	26,242,780	40,121,454	6,654	40,128,108	40,028,732	0	40,028,732	6,654	40,035,386	6,654	
1) Executive Director's Office; (A) General Administration, Personal Services	Total	20,382,113	19,251,491	(203,323)	19,048,168	19,989,456	0	19,989,456	(203,323)	19,786,133	(203,323)	
	FTE	243.8	272.7	(3.8)	268.9	276.0	0.0	276.0	(3.8)	272.2	(3.8)	
	GF	8,021,372	7,994,379	6,655	8,001,034	8,121,243	0	8,121,243	6,655	8,127,898	6,655	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	731,501	(216,632)	514,869	786,800	0	786,800	(216,632)	570,168	(216,632)	
	CFE/RF	2,328,843	1,557,401	0	1,557,401	1,564,984	0	1,564,984	0	1,564,984	0	
	FF	10,031,898	8,968,210	6,654	8,974,864	9,516,429	0	9,516,429	6,654	9,523,083	6,654	
1) Executive Director's Office; (A) General Administration, Short-term Disability	Total	0	22,871	(247)	22,624	22,360	0	22,360	(247)	22,113	(247)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	9,538	0	9,538	9,324	0	9,324	0	9,324	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	818	(247)	571	800	0	800	(247)	553	(247)	
	CFE/RF	0	1,795	0	1,795	1,755	0	1,755	0	1,755	0	
	FF	0	10,720	0	10,720	10,481	0	10,481	0	10,481	0	
1) Executive Director's Office; (A) General Administration, SB 04-257 Amortization Equalization Disbursement	Total	0	279,035	(3,843)	275,192	344,000	0	344,000	(3,843)	340,157	(3,843)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	114,941	0	114,941	141,702	0	141,702	0	141,702	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	10,057	(3,843)	6,214	12,398	0	12,398	(3,843)	8,555	(3,843)	
	CFE/RF	0	22,096	0	22,096	27,240	0	27,240	0	27,240	0	
	FF	0	131,941	0	131,941	162,660	0	162,660	0	162,660	0	

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2008-09 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input checked="" type="checkbox"/>				
Request Title:		Eliminate Colorado Cares Fund			Dept. Approval by:			John Bartholomew		Date:		January 2, 2009
Department:		Health Care Policy and Financing			OSPB Approval:					Date:		
Priority Number:		S-14, BA-13								Date:		
		1	2	3	4	5	6	7	8	9	10	
		Prior-Year		Supplemental	Total	Base	Decision/	November 1	Budget	Total	Change	
		Actual	Appropriation	Request	Revised	Request	Base	Request	Amendment	Revised	from Base	
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11	
1) Executive Director's Office; (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	Total	0	128,887	(2,438)	126,449	215,000	0	215,000	(2,438)	212,562	(2,438)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	51,968	0	51,968	86,689	0	86,689	0	86,689	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	4,714	(2,438)	2,276	7,864	0	7,864	(2,438)	5,426	(2,438)	
	CFE/RF	0	10,358	0	10,358	17,278	0	17,278	0	17,278	0	
	FF	0	61,847	0	61,847	103,169	0	103,169	0	103,169	0	
1) Executive Director's Office; (A) General Administration, Salary Survey and Senior Executive Services	Total	0	676,435	(1,744)	674,691	394,749	0	394,749	(1,744)	393,005	(1,744)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	304,849	0	304,849	177,902	0	177,902	0	177,902	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	10,395	(1,744)	8,651	6,066	0	6,066	(1,744)	4,322	(1,744)	
	CFE/RF	0	21,487	0	21,487	12,539	0	12,539	0	12,539	0	
	FF	0	339,704	0	339,704	198,242	0	198,242	0	198,242	0	
1) Executive Director's Office; (A) General Administration, Performance-based Pay Awards	Total	0	251,236	(2,064)	249,172	0	0	0	0	0	0	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	112,340	0	112,340	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	4,417	(2,064)	2,353	0	0	0	0	0	0	
	CFE/RF	0	9,131	0	9,131	0	0	0	0	0	0	
	FF	0	125,348	0	125,348	0	0	0	0	0	0	
1) Executive Director's Office; (A) General Administration, Operating Expenses	Total	980,465	1,833,478	(3,800)	1,829,678	1,681,669	0	1,681,669	(3,800)	1,677,869	(3,800)	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	469,925	882,945	0	882,945	811,165	0	811,165	0	811,165	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	23,307	(3,800)	19,507	19,221	0	19,221	(3,800)	15,421	(3,800)	
	CFE/RF	24,209	13,377	0	13,377	13,301	0	13,301	0	13,301	0	
	FF	486,331	913,849	0	913,849	837,982	0	837,982	0	837,982	0	

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2008-09 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input checked="" type="checkbox"/>			
Request Title:		Eliminate Colorado Cares Fund									
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew		Date:		January 2, 2009
Priority Number:		S-14, BA-13			OSPB Approval:				Date:		
		1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual	Appropriation	Supplemental Request	Total Revised Request	Base Request	Decision/ Base Reduction	November 1 Request	Budget Amendment	Total Revised Request	Change from Base
	Fund	FY 2007-08	FY 2008-09	FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11
1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	Total	0	24,094,147	(1,301,749)	22,792,398	23,489,449	0	23,489,449	(1,301,749)	22,187,700	(1,301,749)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	5,499,078	0	5,499,078	5,382,396	0	5,382,396	0	5,382,396	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	1,881,903	(1,301,749)	580,154	1,833,613	0	1,833,613	(1,301,749)	531,864	(1,301,749)
	CFE/RF	0	100,328	0	100,328	100,328	0	100,328	0	100,328	0
FF	0	16,612,838	0	16,612,838	16,173,112	0	16,173,112	0	16,173,112	0	
1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration	Total	31,449,101	27,203,133	(120,450)	27,082,683	27,203,133	0	27,203,133	(120,450)	27,082,683	(120,450)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	9,475,266	8,248,943	0	8,248,943	8,248,943	0	8,248,943	0	8,248,943	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	5,452,981	(120,450)	5,332,531	5,452,981	0	5,452,981	(120,450)	5,332,531	(120,450)
	CFE/RF	6,249,284	0	0	0	0	0	0	0	0	0
FF	15,724,551	13,501,209	0	13,501,209	13,501,209	0	13,501,209	0	13,501,209	0	
5) Other Medical Services; Colorado Cares Rx Program Contract Cost - Third Party Vendor	Total	0	2,278,378	(2,278,378)	0	2,278,378	0	2,278,378	(2,278,378)	0	(2,278,378)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	2,278,378	(2,278,378)	0	2,278,378	0	2,278,378	(2,278,378)	0	(2,278,378)
	CFE/RF	0	0	0	0	0	0	0	0	0	0
FF	0	0	0	0	0	0	0	0	0	0	
Non-Line Item Request:		None									
FY 2008-09 Letternote Revised Text:		The Cash Fund portion of (\$3,931,345) shall be from the Colorado Cares RX Fund (Fund 21M).									
FY 2009-10 Letternote Revised Text:		The Cash Fund portion of (\$3,929,281) shall be from the Colorado Cares RX Fund (Fund 21M).									
Cash or Federal Fund Name and COFRS Fund Number:		Colorado Cares Rx Fund (Fund 21M). Federal Funds: Titles XIX, XXI.									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>							
Schedule 13s from Affected Departments:		N/A									

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-14, BA-13
Change Request Title:	Eliminate Colorado Cares Fund

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for a reduction in total funds of \$3,918,036 in FY 2008-09 and \$3,915,972 in FY 2009-10. The adjustment requested is the result of changes to the Colorado Cares Prescription Drug Program and changes to the source of funding originally authorized under SB 07-001 the Colorado Cares Prescription Drug program. This request requires a change to statute.

Background and Appropriation History:

The Colorado Cares Rx Program was created with the passage of SB 07-001. The bill was signed into law February 5, 2007 and charged the Department with creating a mechanism by which uninsured or underinsured Coloradans can purchase lower-cost generic prescription drugs.

To be eligible to participate in the Colorado Cares Program, applicants must meet the following requirements: they must be a Colorado resident; they must not have health insurance; they are not eligible to participate in Medicaid or the Children’s Basic Health Plan; their income does not exceed 300% of the Federal Poverty Level; and they agree to pay a registration fee which could be up to \$20.

Enrollees were then to receive a program card and pharmacies that elect to participate in the program would provide the designated generic prescriptions at the pre-negotiated discounted price. The legislation stipulated that the Department negotiate a discounted price with generic drug manufacturers.

SB 07-001 created the Colorado Cares Rx Program Cash Fund. Revenues in this Cash Fund were anticipated to reach \$3,954,750 in FY 2008-09. Additionally, the legislation, as written, appropriated 4.0 FTE to manage the program at an anticipated cost of \$213,107. SB 07-001 also created an advisory council. The council would consist of representatives from the statewide organization of pharmacists, the statewide organization of independent pharmacies, and the statewide organization of chain pharmacies.

The revenues generated were to be used for salaries and the operating expenses for the 4.0 appropriated FTE. It provided \$120,450 for county personnel to provide information to non Medicaid or CHP+ eligible clients about the program, \$1,301,749 for system enhancement costs in the Medicaid Management Information System.

\$382,293 was allocated for enhancements to the Colorado Benefits Management System. Finally, it was intended that the funds generated by the fee were to pay for a program contractor to determine eligibility, collect fees, and produce ID cards as it manages the program, which was anticipated to cost \$1,896,085 in FY 2008-09. These two expenditures total \$2,278,378 that was requested as part of the Other Medical Services; Colorado Cares Rx Program Contract Cost - Third Party Vendor appropriation.

For FY 2006-07 the program received a total appropriation of \$145,927 to cover development costs for the Medicaid Management Information System and Colorado Benefit Management System; those funds were to be repaid as moneys became available from the registration fees charged to applicants. The intent of the legislation was for the program to be self-funded through the use of the registration fees that would be charged to the enrollees. However, no system changes were performed before the end of FY 2006-07 and these appropriated funds were reverted at the end of FY 2006-07.

The Department's Pharmacy Section began implementing the program in March 2007. However, Pharmacy staff encountered several issues in their efforts to implement the program. Security concerns regarding non-Medicaid activities contained in the Colorado Benefits Management System that were raised by the Department of Human Services, who jointly manages the Colorado Benefits Management System with the Department. To address these concerns, the Department of Human Services estimated that additional costs and staff time would be needed.

The Pharmacy staff also learned that the Department's ability to negotiate prices of drugs with manufacturers was hampered due to the fact that the Department would not be the entity directly purchasing the drugs. Furthermore, Department Pharmacy staff discovered that even if the Department was able to negotiate a discount on a generic drug, the amount of discount, if any, would be very small.

Faced with these issues, Pharmacy staff began to work on a different approach: to negotiate directly with the pharmacies. The idea was to use the expertise and insight of the advisory council to create a list of generic drugs with a set price that would be offered at pharmacies that elected to participate in the program. Unfortunately, Pharmacy staff were not able to pursue that method of implementation because it was determined to be legally risky due to the perception of price fixing.

Department Pharmacy staff then reviewed the information gathered regarding discount drug programs administered by other states and organizations that offer a discount prescription card. The Pharmacy staff determined that there were several organizations providing options that allow for the purchasing of drugs at a discounted price. It decided that the most efficient way to create the Colorado Cares Rx Program would be to "piggyback" on an organization that had already established a discount drug card.

In July 2007 the Department learned of the Colorado Drug Card, a drug discount program offered by the Denver Metro Chamber of Commerce. The only enrollment criterion for this card is that the person is a Colorado resident. The card is available at no cost and the

program states that it provides a discounted price on almost all generic and brand drugs. The Colorado Drug Card can be used at participating pharmacies throughout Colorado. The Department of Health Care Policy and Financing, Pharmacy staff met with members of the Chamber of Commerce to obtain more information about the Colorado Drug Card.

Based on information gathered at this meeting, the Department made a decision not to partner with the Colorado Drug Card. As the Department realized there were some areas of the state that did not have pharmacies participating with the Colorado Drug Card so, based on previous research; Pharmacy staff consulted with the primary bill sponsor for SB 07-001, and decided that a mail-order program could provide all eligible citizens in the state the ability to access and purchase generic drugs at a discount.

The Department contacted Rx Outreach, a subsidiary of Express Scripts, to discuss the possibility of partnering with their mail-order program and naming it the Colorado Cares Prescription Drug Program. Rx Outreach was very interested in this partnership. The Department began discussions to define how the program would work and to negotiate a partnership with them.

The Rx Outreach had only one eligibility criterion which was based on family income, adjusted for family size. The program at that time was accessible to people with incomes up to 250% of the Federal Poverty Level, but at the request of the Department, the level was increased to 300% FPL as of January 2008. Although there is an income-based criterion, applicants are not required to submit financial documents to prove income. Once someone is accepted into the program, the enrollment lasts for 12 months. There is no fee to join. It offers approximately 125 different generic drugs. Enrollees can order a 90-day supply. Prescriptions are mailed directly to the enrollees homes. The cost is \$20, \$30, or \$40 per prescription, depending on the drug, but this is the total cost for each 90-day supply. The cost covers the medication, processing, and shipping.

The Pharmacy staff believe this program addresses the basic intent of the directives contained in SB 07-001 as it covers a variety of health conditions and provides a necessary and convenient service for Coloradans. The Department agreed to a one-year trial with

Rx Outreach and will have the option to renew the contract with them after this trial period.

Because this program already exists and all aspects of the administration of the program are to be handled by Rx Outreach, this solution will require no systems changes or new program development and there is only minimal staff cost to establish and monitor the program.

The Colorado Cares Rx Program was implemented on January 1, 2008. Staff created a website to provide information about the program in addition to information included on the Department's website. The Department has promoted the program through press releases in news media and outreach to counties, rural health centers, school-based health centers and through various newsletters and bulletins.

The Department's Pharmacy staff monitors participation in the Colorado Cares Rx Program through reports submitted by Rx Outreach and provides periodic updates to the Medical Services Board on this program. Although SB 07-001 instructs the Department to bring rules to the Medical Services Board, the Department believes that since it is essentially an advertising vehicle and not involved in any of the administration of the program there is not enough substance by which to create program rules.

General Description of Request:

This Request is to eliminate the following that were authorized by SB 07-001: Colorado Cares Rx Program Fund, 3.8 FTE, of 4.0 authorized, and to eliminate funding for Medicaid Management Information System and Colorado Benefit Management System development costs also contained in the original legislation. The Department will need 0.2 FTE and \$13,309 at a 50% General Fund/50% federal funds split to monitor the above modified Rx Outreach program for compliance with the terms of the agreement between the Department and Rx Outreach.

Consequences if Not Funded:

In the event that the Colorado Cares Rx Program fund is not eliminated and funding for the remaining 0.2 FTE is not officially changed to 50% General Fund/50% federal funds, the Department would be forced to pay this positions salary with unappropriated General

Fund. This expenditure of General Fund would be due to the fact that there is no funding available in the Colorado Cares Rx Program Fund to pay the FTE's salary, a program fund that will not generate revenue as initially projected.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request	(\$3,918,036)	\$6,655	(\$3,931,345)	\$6,654	(3.8)
1) Executive Director's Office; (A) General Administration, Personal Services	(\$203,323)	\$6,655	(\$216,632)	\$6,654	(3.8)
1) Executive Director's Office; (A) General Administration, Short-term Disability	(\$247)	\$0	(\$247)	\$0	0.0
1) Executive Director's Office; (A) General Administration, SB 04-257 Amortization Equalization Disbursement	(\$3,843)	\$0	(\$3,843)	\$0	0.0
1) Executive Director's Office; (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	(\$2,438)	\$0	(\$2,438)	\$0	0.0
1) Executive Director's Office; (A) General Administration, Salary Survey and Senior Executive Services	(\$1,744)	\$0	(\$1,744)	\$0	0.0
1) Executive Director's Office; (A) General Administration, Performance-based Pay Awards	(\$2,064)	\$0	(\$2,064)	\$0	0.0
1) Executive Director's Office; (A) General Administration, Operating Expenses	(\$3,800)	\$0	(\$3,800)	\$0	0.0
1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	(\$1,301,749)	\$0	(\$1,301,749)	\$0	0.0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2008-09	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration	(\$120,450)	\$0	(\$120,450)	\$0	0.0
5) Other Medical Services; Colorado Cares Rx Program Contract Cost - Third Party Vendor	(\$2,278,378)	\$0	(\$2,278,378)	\$0	0.0

Summary of Request FY 2009-10	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
Total Request	(\$3,915,972)	\$6,655	(\$3,929,281)	\$6,654	0.0
1) Executive Director's Office; (A) General Administration, Personal Services	(\$203,323)	\$6,655	(\$216,632)	\$6,654	0.0
1) Executive Director's Office; (A) General Administration, Short-term Disability	(\$247)	\$0	(\$247)	\$0	0.0
1) Executive Director's Office; (A) General Administration, SB 04-257 Amortization Equalization Disbursement	(\$3,843)	\$0	(\$3,843)	\$0	0.0
1) Executive Director's Office; (A) General Administration, SB 06-235 Supplemental Amortization Equalization Disbursement	(\$2,438)	\$0	(\$2,438)	\$0	0.0
1) Executive Director's Office; (A) General Administration, Salary Survey and Senior Executive Services	(\$1,744)	\$0	(\$1,744)	\$0	0.0
1) Executive Director's Office; (A) General Administration, Operating Expenses	(\$3,800)	\$0	(\$3,800)	\$0	0.0
1) Executive Director's Office; (C) Information Technology Contracts and Projects, Information Technology Contracts	(\$1,301,749)	\$0	(\$1,301,749)	\$0	0.0

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Summary of Request FY 2009-10	Total Funds	General Fund	Cash Funds	Federal Funds	FTE
1) Executive Director's Office; (D) Eligibility Determinations and Client Services, County Administration	(\$120,450)	\$0	(\$120,450)	\$0	0.0
5) Other Medical Services; Colorado Cares Rx Program Contract Cost - Third Party Vendor	(\$2,278,378)	\$0	(\$2,278,378)	\$0	0.0

Cash Funds Projections:

There is no cash fund projection as this request is to eliminate a cash fund that has no revenue.

Cash Fund Name	Cash Fund Number	FY 2007-08 Expenditures	FY 2007-08 End of Year Cash Balance	FY 2008-09 End of Year Cash Balance Estimate	FY 2009-10 End of Year Cash Balance Estimate	FY 2010-11 End of Year Cash Balance Estimate
Colorado Cares Rx Fund	21M	\$0	\$0	\$0	\$0	\$0

Assumptions for Calculations:

The requested reductions are based on the annualized appropriations contained in SB 07-001. The amount requested to remain in the Personal Services appropriation is based on 20% of the current employee's actual FY 2008-09 salary.

Impact on Other Government Agencies:

None

Cost Benefit Analysis:

By eliminating the Colorado Cares Rx Program and associated cash fund, the Department would be able to properly align the source of funds for monitoring the revised program.

Implementation Schedule:

N/A

Statutory and Federal Authority:

This request requires a change in statute to revise or abolish related sections of Article 2.5 of Title 25.5, C.R.S., which may include and are not limited to:

25.5-2.5-104, C.R.S. (2008) Program - rules. (1) *There is hereby established in the state department the Colorado Cares Rx Program to provide generic and non-patented prescription drugs to eligible persons at discounted rates.*

25.5-2.5-105, C.R.S. (2008) Cash fund. (1) *There is hereby created in the state treasury the Colorado Cares Rx program cash fund, referred to in this section as the "fund", that shall consist of registration fees paid by eligible persons pursuant to section 25.5-2.5-104 (3). The moneys in the fund shall be subject to annual appropriation by the general assembly for the direct and indirect costs associated with the implementation of this article.*

Performance Measures:

Maintain or reduce the difference between the Department's spending authority and actual expenditures for Medicaid services.

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program									
Department:		Health Care Policy and Financing			Dept. Approval by:		John Bartholomew <i>JB</i>		Date: January 2, 2009 <i>12/15/09</i>		
Priority Number:		S-13, BA-12			OSPB Approval:		<i>Inuz</i>		Date: <i>12-18-08</i>		
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	4,130,465	6,459,236	3,286,155	9,745,391	6,459,236	0	6,459,236	3,286,155	9,745,391	3,286,155
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	0	0	0	0	0	0	0	0	0	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	6,459,236	0	6,459,236	6,459,236	0	6,459,236	0	6,459,236	0
	CFE/RF	4,130,465	0	0	0	0	0	0	0	0	0
	FF	0	0	3,286,155	3,286,155	0	0	0	3,286,155	3,286,155	3,286,155
(4) Indigent Care Program;	Total	4,130,465	6,459,236	(3,286,155)	3,173,081	6,459,236	0	6,459,236	(3,286,155)	3,173,081	(3,286,155)
Comprehensive	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary and	GF	0	0	0	0	0	0	0	0	0	0
Preventive Care Grants	GFE	0	0	0	0	0	0	0	0	0	0
Program	CF	0	6,459,236	(3,286,155)	3,173,081	6,459,236	0	6,459,236	(3,286,155)	3,173,081	(3,286,155)
	CFE/RF	4,130,465	0	0	0	0	0	0	0	0	0
	FF	0	0	0	0	0	0	0	0	0	0
(4) Indigent Care Program;	Total	0	0	6,572,310	6,572,310	0	0	0	6,572,310	6,572,310	6,572,310
Comprehensive	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Primary and	GF	0	0	0	0	0	0	0	0	0	0
Preventive Care Rural	GFE	0	0	0	0	0	0	0	0	0	0
and Public Hospitals	CF	0	0	3,286,155	3,286,155	0	0	0	3,286,155	3,286,155	3,286,155
Payment (new line	CFE/RF	0	0	0	0	0	0	0	0	0	0
item)	FF	0	0	3,286,155	3,286,155	0	0	0	3,286,155	3,286,155	3,286,155
Non-Line Item Request:		None									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:		Comprehensive Primary and Preventive Care Fund, Fund 14B									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>							
Schedule 13s from Affected Departments:		N/A									

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-13, BA-12
Change Request Title:	Federal Funding for the Rural and Public Hospitals Payment and Reorganization of the Indigent Care Program

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for a technical adjustment to the Department's FY 2008-09 and FY 2009-10 Budget Requests in order to reflect federal funds spending authority received for the (4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program line item. For FY 2008-09 this amount is \$3,286,155; for FY 2009-10 continuation funding is being requested and therefore the federal funds amount would be the same as in FY 2008-09. In addition, a reorganization of the line item beginning in FY 2008-09 is being requested in order to better reflect utilization of the funding and simplify the process for making payments for the program pursuant to section 25.5-3-207, C.R.S. (2008). There would be no General Fund impact associated with this request.

Background and Appropriation History:

The Comprehensive Primary and Preventive Care Grants program (CPPC) was established as a result of the implementation of the Master Settlement Agreement (24-75-1101 through 24-75-1104.5, C.R.S (2008)), which became effective on May 18, 2000.

Pursuant to the Agreement, the CPPC Grants program receives 3% of total funds received each year, not to exceed \$5,000,000 in a single year. The program is designed to increase access to primary care services to Colorado Indigent Care Program (CICP) clients and other medically indigent individuals through the awarding of service grants to eligible clinic-based private providers. Grants are awarded to providers of indigent care primarily for capital improvements and staff increases, in contrast to the direct partial reimbursement for uncompensated services costs used with other indigent care programs. In addition, all CPPC providers are private entities, and are therefore not eligible for reimbursement through the Certification of Public Expenditures process. In order to be eligible for a grant through the CPPC Grants program, a provider must accept all patients regardless of their ability to pay and must serve a designated medically underserved area or population. Providers must also demonstrate the successful provision of cost-effective care to medically indigent populations (25.5-3-203 (5) (c), C.R.S. (2008)).

Since the first grant awards were made in April 2001, approximately \$32.4 million has been disbursed to health care providers. This funding has succeeded in providing medical, dental, mental health and pharmaceutical services to at least 122,746 patients in 273,172 encounters and to make funding available for 31 construction/remodeling projects that resulted in additional or updated facilities.¹ These figures demonstrate the impact the CPPC Grant program is making toward expanding access to primary and preventive care services to Colorado's uninsured or medically indigent populations.

Further legislation appropriating funding for "Tier 2" payments from the Master Settlement Account affected the operation of this program. SB 07-097 appropriated funds based on the Tier 2 distribution of the Master Settlement Account, which directs 8.5% of funding remaining after all Tier 1 distributions to the CPPC Grants program (24-75-1104.5 (1.5) (III), C.R.S. (2008)). Although the funding for both tiers of payment to the CPPC Grants program is appropriated to the CPPC Fund, the usage of Tier 2 funding is more restrictive than that for the Tier 1 payment to the Grants program. Pursuant to 25.5-3-207, C.R.S. (2008), the Tier 2 payment is split evenly between Rural Hospitals of

¹ The given utilization and capital expansion data is current through FY 2006-07. Data for FY 2007-08 are not yet available.

60 beds or less and “all public hospitals” that provide services in line with the intent of the Comprehensive Primary and Preventive Care Grants program. In addition, geographical restrictions are placed on providers so that to qualify as a rural provider the entity must reside outside a federally designated metropolitan statistical area. This section also directs the Department to pursue and expend any available matching federal funding received on the Tier 2 financing.

As a result of the provisions regarding Tier 2 financing (24-75-1104.5 (1.5), C.R.S. (2008)), the General Assembly appropriated \$2,000,000 cash funds from the Comprehensive Primary and Preventive Care Fund to the CPPC Grants program in FY 2007-08 for this purpose; this amount was later reduced to \$1,455,954 based on revisions to the Tobacco Master Settlement Revenue Forecast. With the inclusion of the Tier 1 appropriation to the CPPC Grants program, the final FY 2007-08 appropriation to the (4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program line item was \$4,138,070. As final FY 2007-08 expenditures out of the CPPC Grants program line item were \$5,586,419, the final FY 2007-08 appropriation did not incorporate federal funding received in the amount of \$1,455,954.

The appropriation for FY 2008-09 was set based on anticipated revenues received pursuant to the Master Settlement Agreement during Department Figure Setting for FY 2008-09. These revenues included \$3,195,106 for the Tier 1 payment to the CPPC Grants program and \$3,286,155 for the Tier 2 payment to Rural and Public Hospitals. Increases in Tier 2 payments (for all programs receiving funding from the Master Settlement Account) in FY 2008-09 were due primarily to the expiration of the overexpenditure account deposit required by HB 07-1359. The Department’s Joint Budget Committee Staff Analyst also recommended an adjustment to the funding methodology used for the Personal Services expenditures out of the CPPC Fund in order to make it consistent with those used elsewhere in the Department’s Budget. This resulted in the Tier 1 appropriation to the CPPC Grants Fund being reduced by \$22,025 to account for the 0.25 FTE that was previously paid directly out of the CPPC Grants program line item, but is now appropriated to the (1) Executive Director’s Office; (A) General Administration, Personal Services line item from the CPPC Grants Fund. Together, these actions resulted

in a year to date FY 2008-09 appropriation to the CPPC Grants program line item of \$6,459,236.

On September 30, 2008, the Department submitted two State Plan Amendments (08-016 and 08-017) concerning federal financial participation in the Rural and Public Hospital Payments pursuant to 25.5-3-207 (4) (b), C.R.S. (2008) to the Centers for Medicare and Medicaid Services. Federal matching funds are currently available to draw in the amount of \$3,286,155, dependant upon actual state expenditures on the Rural and Public Hospitals Payment. If the relevant State Plan Amendments and this request are approved, the FY 2008-09 spending authority for the CPPC Grants program will be \$9,745,391.

General Description of Request:

This request is for a technical adjustment to the Department's FY 2008-09 and FY 2009-10 Budget Requests in order to reflect federal funds spending authority received for the (4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program line item. For FY 2008-09 this amount is \$3,286,155; for FY 2009-10 continuation funding is being requested and therefore the federal funds amount would be the same as in FY 2008-09. In addition, a reorganization of the line item beginning in FY 2008-09 is being requested in order to better reflect utilization of the funding and simplify the process for making payments for the program pursuant to section 25.5-3-207, C.R.S. (2008). There would be no General Fund impact associated with this request.

Pursuant to section 25.5-3-207 (4) (b), C.R.S (2008), the Department is directed to pursue federal financial participation for the Rural and Public Hospitals Payment contained within the CPPC Grants program line item, and has done so for FY 2007-08 and FY 2008-09. This request, therefore, would entail a change in the Department's Budget for FY 2007-08 and FY 2008-09 in order to reflect actual and anticipated federal funds received, respectively. In addition, the Department is requesting that expected federal funds for which the Rural and Public Hospitals Payment is eligible be reflected in future budget documents; therefore the Department is also requesting an amendment to the FY 2009-10 Budget Request in order to reflect expected federal funds that will be received in FY 2009-10.

In FY 2007-08, State expenditures on the Rural and Public Hospitals Payment equaled \$1,455,954. Total federal funds received by the program were therefore equal to \$1,455,954 in FY 2007-08. For FY 2008-09, the Department anticipates receiving \$3,286,155 in Tier 2 distributions from the Master Settlement Account, and consequently expects to draw down federal funds equal to \$3,286,155 to match the expected State expenditures on the Rural and Public Hospitals Payment. The Department believes that approval of this request would help the State achieve a more transparent budget, since exclusion of federal funds from budget documents for this line item greatly understates the size and cost of the Comprehensive Primary and Preventive Care Grants Program.

In addition, the Department requests a separation of the funding for this line item into its two distinct components reflective of the differing characteristics of the programs funded by the Tier 1 and Tier 2 Master Settlement Account distributions. Only the Tier 2 distribution to the CPPC Grants program (consisting of funding distributed to local or state owned hospitals) is eligible for federal financial participation. Approval of this request would reduce the complexity of the accounting procedures related to each component of the CPPC Grants program line item, minimizing the chance of errors when separating the appropriation into its two distinct components. As both functions of the fund serve to expand access to primary care for uninsured and medically indigent populations, The Department is requesting that a new line item be created under the title “(4) Indigent Care Program; Comprehensive Primary and Preventive Care Rural and Public Hospitals Payment”, for use beginning in late FY 2008-09. The funding received pursuant to the Tier 1 distribution to the CPPC Fund would remain in the appropriation to (4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program line item. The funding received through the Tier 2 distribution to the Comprehensive Primary and Preventive Care Fund would be appropriated to the new line item. Finally, the Department requests that for the fiscal year beginning July 1, 2009 and each fiscal year thereafter, the new line item include expected federal funding reflective of a 50% Federal Financial Participation rate.

Consequences if Not Funded:

Were this request to be rejected, the appropriation to this line item would continue to reflect state moneys only, and the Department’s budget would not accurately reflect the

size of the CPPC Grants program, which is currently understated in FY 2008-09. In addition, the increased likelihood of accounting errors due to the complexity of separating the annual appropriation to the Comprehensive Primary and Preventive Care Fund into its two distinct purposes in order to write grants and draw a federal match for the program would remain.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	General Fund	Cash Funds	Federal Funds
Total Request	\$3,286,155	\$0	\$0	\$3,286,155
(4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program	(\$3,286,155)	\$0	(\$3,286,155)	\$0
(4) Indigent Care Program; Comprehensive Primary and Preventive Care Rural and Public Hospitals Payment	\$6,572,310	\$0	\$3,286,155	\$3,286,155

Summary of Request FY 2009-10	Total Funds	General Fund	Cash Fund	Federal Funds
Total Request	\$3,286,155	\$0	\$0	\$3,286,155
(4) Indigent Care Program; Comprehensive Primary and Preventive Care Grants Program	(\$3,286,155)	\$0	(\$3,286,155)	\$0
(4) Indigent Care Program; Comprehensive Primary and Preventive Care Rural and Public Hospitals Payment	\$6,572,310	\$0	\$3,286,155	\$3,286,155

Cash Funds Projections:

Cash Fund Name	Cash Fund Number	FY 2007-08 Expenditures	FY 2007-08 End of Year Cash Balance*	FY 2008-09 End of Year Cash Balance Estimate*	FY 2009-10 End of Year Cash Balance Estimate*	FY 2010-11 End of Year Cash Balance Estimate*
Comprehensive Primary and Preventive Care Fund	14B	\$5,586,419	\$0	\$0	\$0	\$0

*Pursuant to 25.5-3-207 (1), C.R.S. (2008), any unencumbered moneys remaining in the fund at the end of any fiscal year shall be transferred to the tobacco litigation settlement trust fund created in section 24-22-115.5, C.R.S. (2008).

Assumptions for Calculations:

The Department assumes that the FY 2009-10 appropriation of State funds to the Comprehensive Primary and Preventive Care Fund would be identical to the FY 2008-09 appropriation to the fund. However, new estimates of revenue generated pursuant to the Master Settlement Agreement for FY 2009-10 are expected to be presented to the Joint Budget Committee in February or March of 2009, and these estimates will be used to set the actual appropriation to the Comprehensive Primary and Preventive Care Fund.

Impact on Other Government Agencies:

None.

Cost Benefit Analysis:

Not applicable.

Implementation Schedule:

Task	Month/Year
State Plan Amendment Written	September 2008
State Plan Amendment Approved	December 2008
Reorganization of Line Item Reflected in the FY 2009-10 Long Bill	May 2009

Statutory and Federal Authority:

25.5-3-207, C.R.S. (2008). Program funding - comprehensive primary and preventive care fund-supplemental tobacco litigation settlement moneys account-creation.
(4) (b) The state department shall pursue federal financial participation for all moneys appropriated or transferred to the account. The state department may receive and expend all available federal moneys without a corresponding reduction in spending authority from the fund.

Performance Measures:

Not applicable.

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: Reduce Funding for Administrative Case Management											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew <i>JTB</i>			Date: January 2, 2009 <i>12/19/08</i>			
Priority Number: S-15, BA-14					OSPB Approval: <i>[Signature]</i>			Date: 12-19-08			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision-Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	3,714,209	2,917,528	(2,377,785)	539,743	2,917,528	0	2,917,528	(2,377,785)	539,743	(2,377,785)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,857,105	1,458,764	(1,188,892)	269,872	1,458,764	0	1,458,764	(1,188,892)	269,872	(1,188,892)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	1,857,104	1,458,764	(1,188,893)	269,871	1,458,764	0	1,458,764	(1,188,893)	269,871	(1,188,893)
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Administrative Case Management	Total	3,714,209	2,917,528	(2,377,785)	539,743	2,917,528	0	2,917,528	(2,377,785)	539,743	(2,377,785)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,857,105	1,458,764	(1,188,892)	269,872	1,458,764	0	1,458,764	(1,188,892)	269,872	(1,188,892)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	1,857,104	1,458,764	(1,188,893)	269,871	1,458,764	0	1,458,764	(1,188,893)	269,871	(1,188,893)
Non-Line Item Request: None											
Letternote Revised Text: None											
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT? Yes: No: N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments:		Department of Human Services									

Schedule 13
Change Request for FY 2009-10 Budget Request Cycle

Decision Item FY 2009-10 Base Reduction Item FY 2009-10 Supplemental FY 2008-09 Budget Amendment FY 2009-10

Request Title: HCPF S-15, BA-14: Reduce Funding for Administrative Case Mangement
Department: Human Services **Dept. Approval by:** *W. P. K. / J. M. Z.* **Date:** 12-18-08
Priority Number: NP-HCPF-2 **OSP Approval:** *J. M. Z.* **Date:** 12-19-08

	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/ Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	383,541,597	396,205,911	1,188,892	397,394,803	396,205,911	0	396,205,911	1,188,892	397,394,803	1,188,892
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	207,743,394	217,485,513	1,188,892	218,674,405	217,485,513	0	217,485,513	1,188,892	218,674,405	1,188,892
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	62,802,914	0	62,802,914	62,802,914	0	62,802,914	0	62,802,914	0
	CFE/RF	81,086,318	18,773,007	0	18,773,007	18,773,007	0	18,773,007	0	18,773,007	0
	FF	94,711,885	97,144,477	0	97,144,477	97,144,477	0	97,144,477	0	97,144,477	0
	MCF	13,778,035	18,773,007	0	18,773,007	18,773,007	0	18,773,007	0	18,773,007	0
	MGF	6,889,018	9,386,504	0	9,386,504	9,386,504	0	9,386,504	0	9,386,504	0
	NGF	214,632,412	226,872,017	1,188,892	228,060,909	226,872,017	0	226,872,017	1,188,892	228,060,909	1,188,892
(5) Division of Child Welfare, Child Welfare Services	Total	337,446,740	351,124,654	580,299	351,704,953	351,124,654	0	351,124,654	580,299	351,704,953	580,299
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	168,846,941	179,710,637	580,299	180,290,936	179,710,637	0	179,710,637	580,299	180,290,936	580,299
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	57,588,959	0	57,588,959	57,588,959	0	57,588,959	0	57,588,959	0
	CFE/RF	75,949,417	18,773,007	0	18,773,007	18,773,007	0	18,773,007	0	18,773,007	0
	FF	92,650,382	95,052,051	0	95,052,051	95,052,051	0	95,052,051	0	95,052,051	0
	MCF	13,778,035	18,773,007	0	18,773,007	18,773,007	0	18,773,007	0	18,773,007	0
	MGF	6,889,018	9,386,504	0	9,386,504	9,386,504	0	9,386,504	0	9,386,504	0
	NGF	175,735,959	189,097,141	580,299	189,677,440	189,097,141	0	189,097,141	580,299	189,677,440	580,299
(5) Division of Child Welfare, Family and Children's Programs	Total	46,094,857	45,081,257	608,593	45,689,850	45,081,257	0	45,081,257	608,593	45,689,850	608,593
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	38,896,453	37,774,876	608,593	38,383,469	37,774,876	0	37,774,876	608,593	38,383,469	608,593
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	5,213,955	0	5,213,955	5,213,955	0	5,213,955	0	5,213,955	0
	CFE/RF	5,136,901	0	0	0	0	0	0	0	0	0
	FF	2,061,503	2,092,426	0	2,092,426	2,092,426	0	2,092,426	0	2,092,426	0
	MCF	0	0	0	0	0	0	0	0	0	0
	MGF	0	0	0	0	0	0	0	0	0	0
	NGF	38,896,453	37,774,876	608,593	38,383,469	37,774,876	0	37,774,876	608,593	38,383,469	608,593

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-15, BA-14
Change Request Title:	Reduce Funding for Administrative Case Management

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for a total funds reduction of \$2,377,785 in FY 2008-09 and FY 2009-10 with \$1,188,892 reduction in General Fund, for the (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Administrative Case Management line item. This decrease would result in a corresponding increase in the Department of Human's Services budget resulting in no actual impact on the overall amount of General Fund in the State.

Background and Appropriation History:

Administrative Case Management was approved by the federal Centers for Medicare and Medicaid Services for 50% federal financial participation in August 2005. Before the passage of SB 06-219, the Department of Human Services, through the county departments of social services, had the responsibility for locating, coordinating, evaluating, and monitoring necessary and appropriate services for recipients of Medicaid benefits in the Child Welfare and Family and Children's Programs. Appropriations for this case management were originally contained in the above mentioned Medicaid transfer line items for FY 2006-07 at \$588,944 for Child Welfare and \$1,004,680, for Family and Children's Programs (see pg. 120 of HB 06-1385 as introduced). With the passage of SB 06-219,

funding for Administrative Case Management related to Medicaid was transferred from the Department of Human Services Medicaid-Funded Programs, Division of Child Welfare to the Department's (1) Executive Director's Office Long Bill group.

To determine what portion of county expenditures are for Medicaid related programs, the departments use the federally-approved random moment sampling process currently performed by the Department of Human Services. This allows the departments to appropriately allocate costs across the different programs that the county departments of social/human services administer for both departments. This method of allocating the funds was not affected by the passage of SB 06-219.

In addition, 24-75-106 (1), C.R.S. (2008) provides the departments the authority during a fiscal year to transfer General Fund between the Department of Human Services, (5) Division of Child Welfare, Child Welfare Services and Family and Children's Programs, and the Department of Health Care Policy and Financing's (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Administrative Case Management appropriation to obtain maximum federal funding for Medicaid services as allowed under law. During FY 2007-08, the Department of Health Care Policy and Financing received a transfer of \$1,048,341 General Fund, which resulted in the Department being able to draw down an additional \$1,048,341 in federal funds. This transfer was made based on the actual expenditures allocated to each department during FY 2007-08 and to maximize the federal funding since all Medicaid expenditures for this purpose received a 50% federal match.

General Description of Request:

This request is for a total funds reduction of \$2,377,785 in FY 2008-09 with \$1,188,892 reduction in General Fund, for the (1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Administrative Case Management line item. This decrease would result in a corresponding increase in the Department of Human Services budget resulting in no actual impact on the overall amount of General Fund in the State. While the Department has the authority per 24-75-106 (1), C.R.S. (2008) to transfer spending authority between the departments, the Department believes that this change should occur through the budget process to ensure budget accuracy.

The Department is requesting this reduction in funds due to guidance received in July 2008 from the federal Centers for Medicare and Medicaid Services. The Centers for Medicare and Medicaid Services proposed Medicaid regulations affecting financing and federal funding that could severely restrict the ability of state Medicaid operations, including some case management functions. The Centers for Medicare and Medicaid Services have stated these regulations are to address what the federal government views as “abuse” of Medicaid federal financial participation and to ensure that states are providing their share for Medicaid expenditures. The proposed regulations by the Centers for Medicare and Medicaid Services have been controversial as they would create large reductions in federal spending that would limit every state’s ability to effectively administer Medicaid services at current levels. Due to the heavy costs imposed by these regulations, not only to Colorado, but to every state Medicaid program, Congress has imposed a moratorium on these federal rules until April 1, 2009. The moratorium would require the Secretary of Health and Human Services to submit a report on issues the regulations were intended to address, identify strategies in existence to address these problems and assess the impact of each regulation on the states.

The Centers for Medicare and Medicaid Services released guidance July 2008 relating to the proposed rules and the moratorium regarding case management services. The guidance states that any guidance released prior to December 2007 through State Medicaid Director Letters and other issuances is still in effect. State Medicaid Director Letter #01-013 released January 2001 clarified policy regarding targeted case management offered through the Medicaid program as it relates to an individual’s participation in other social, educational, or other programs. The letter states that Medicaid case management services do not include payment for the provision of direct services (medical, educational, or social) to which the Medicaid eligible individual is referred. The letter then uses the example of the foster care program and states that activities performed as a component of the overall foster care program do not qualify as case management services. Currently, the Department pays for administrative case management for the following activities:

- completing or assisting in the Medicaid eligibility process for a child and/or their family; and
- collecting information or updating health needs of a child (Child’s Health Passport) which includes gathering information to complete the Colorado Assessment Continuum (CAC) for the child and family. This process includes documenting medical/mental health needs and history of treatment of the child and parent(s) including medications, hospitalizations, immunizations and current functioning and other health information.

The Department believes it can continue paying for the first activity as it is still eligible for Medicaid reimbursement. However, the second activity is related to the direct delivery of Child Welfare services because it involves collecting information required for the Child Welfare program and not the Medicaid program. Therefore, pursuant to guidance from the federal Centers for Medicare and Medicaid Services, the Department believes it can no longer draw down federal funds for this activity.

Consequences if Not Funded:

The Department would not continue to pay for the portion of Administrative Case Management that is no longer eligible for a federal Medicaid match. The Department would use its transfer authority pursuant to 24-75-106 (1), C.R.S. (2008) to transfer the unused General Fund to the Department of Human Services.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	General Fund	Federal Funds
Total Request	(\$2,377,785)	(\$1,188,892)	(\$1,188,893)
(1) Executive Director’s Office; (D) Eligibility Determinations and Client Services, Administrative Case Management	(\$2,377,785)	(\$1,188,892)	(\$1,188,893)

Summary of Request FY 2009-10	Total Funds	General Fund	Federal Funds
Total Request	(\$2,377,785)	(\$1,188,892)	(\$1,188,893)

Summary of Request FY 2009-10	Total Funds	General Fund	Federal Funds
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Administrative Case Management	(\$2,377,785)	(\$1,188,892)	(\$1,188,893)

Cash Funds Projections:

Not applicable.

Assumptions for Calculations:

The Department's FY 2008-09 Long Bill (HB 08-1375) appropriation is \$2,917,528. In order to determine the amount that should be removed from the appropriation, the Department used statistics from the Department of Human Services random moment sampling process. In FY 2007-08, total expenditures for Administrative Case Management were \$3,714,210 (includes the FY 2007-08 original appropriation of \$1,617,528 and a General Fund transfer from the Department of Human Services in the amount of \$1,048,341). The random moment sampling process allocates total expenditures based on the two activities defined for administrative case management. The activities are as follows:

- completing or assisting in the Medicaid eligibility process for a child and/or their family; and
- collecting information or updating health needs of a child (Child's Health Passport) which includes gathering information to complete the Colorado Assessment Continuum (CAC) for the child and family. This process includes documenting medical/mental health needs and history of treatment of the child and parent(s) including medications, hospitalizations, immunizations and current functioning and other health information.

According to random moment sample statistics for FY 2007-08, the first activity accounts for 18.5% of total expenditures for administrative case management and the second activity accounts for 81.5%; therefore, the Department estimates that 81.5% of its current appropriation is no longer eligible for a federal Medicaid match. The following table shows the Department's calculations for the total funds reduction:

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Row	Item	Amount	Notes
A	FY 2008-09 Appropriation	\$2,917,528	FY 2008-09 Long Bill, HB 08-1375
B	Percentage of Activities No Longer Eligible for Federal Financial Participation out of total expenditures for Administrative Case Management	81.5%	Random Moment Sample Statistics for FY 2007-08
C	Percentage of Activities Eligible for Federal Financial Participation out of total expenditures for Administrative Case Management	18.5%	Random Moment Sample Statistics for FY 2007-08
D	Total Funds Reduction	\$2,377,785	Row A * Row B
E	Total Funds Remaining in Line Item	\$539,743	Row A - Row D
F	Total General Fund Transferred to Department of Human Services	\$1,188,892	Row D / 2 (Assumes 50% federal matching funds)

Impact on Other Government Agencies:

This request has an impact on the Department of Human Services' Budget Request. The Department of Human Services would increase its appropriation for programs related to Administrative Case Management in the amount of \$1,188,892 General Fund and any corresponding federal match. This request only changes the appropriation level for both departments, but does not have an impact on actual expenditures. Due to the transfer authority provided per 24-75-106 (1), C.R.S. (2008), the departments will continue to monitor the actual expenditures and transfer spending authority as needed to maximize federal financial participation.

Cost Benefit Analysis:

None.

Implementation Schedule:

This change in payment for Administrative Case Management can be implemented in April 2009 upon approval of this request.

Statutory and Federal Authority:

25.5-1-120 (1), (a) C.R.S, (2008) *For carrying out the duties and obligations of the state department and county departments under the provisions of this title and for matching such federal funds or meeting maintenance of effort requirements as may be available for public assistance and welfare activities in the state, including medical assistance*

administration and related activities, the general assembly, in accordance with the constitution and laws of the state of Colorado, shall make adequate appropriations for the payment of such costs, pursuant to the budget prepared by the executive director.

24-75-106 (1), C.R.S. (2008) Notwithstanding the effect of the "M" provision in the 1990-91 and subsequent general appropriation acts, the governor may transfer unlimited amounts of general fund and cash funds exempt appropriations to and from the departments of health care policy and financing and human services when required by changes from the appropriated levels in the amount of Medicaid cash funds earned through programs or services provided under the supervision of the department of human services or the department of health care policy and financing.

Performance Measures:

This change request would provide the Department the ability to achieve its performance measure to “maintain or reduce the difference between the Department’s spending authority and actual expenditures for Medicaid services.”

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10				
Request Title:		Revised Implementation of SB 06-145 Local Government Provider Fee					Dept. Approval by:		John Bartholomew <i>JB</i>		Date: January 2, 2009 <i>12/15/08</i>	
Department:		Health Care Policy and Financing			OSPB Approval:		<i>John</i>		Date: <i>12-18-08</i>			
Priority Number:		S-16										
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision/ Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11	
Total of All Line Items	Total	10,211,350	5,205,696	(5,205,696)	0	5,205,696	0	5,205,696	0	5,205,696	0	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	2,602,848	(2,602,848)	0	2,602,848	0	2,602,848	0	2,602,848	0	
	CFE/RF	5,105,675	0	0	0	0	0	0	0	0	0	
FF	5,105,675	2,602,848	(2,602,848)	0	2,602,848	0	2,602,848	0	2,602,848	0		
(4) Indigent Care Program, S.B. 06-145 Inpatient Provider Fee	Total	4,225,858	2,154,322	(2,154,322)	0	2,154,322	0	2,154,322	0	2,154,322	0	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	1,077,161	(1,077,161)	0	1,077,161	0	1,077,161	0	1,077,161	0	
	CFE/RF	2,112,929	0	0	0	0	0	0	0	0	0	
FF	2,112,929	1,077,161	(1,077,161)	0	1,077,161	0	1,077,161	0	1,077,161	0		
(4) Indigent Care Program, S.B. 06-145 Outpatient Provider Fee	Total	5,985,492	3,051,374	(3,051,374)	0	3,051,374	0	3,051,374	0	3,051,374	0	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	0	0	0	0	0	0	0	0	0	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	1,525,687	(1,525,687)	0	1,525,687	0	1,525,687	0	1,525,687	0	
	CFE/RF	2,992,746	0	0	0	0	0	0	0	0	0	
FF	2,992,746	1,525,687	(1,525,687)	0	1,525,687	0	1,525,687	0	1,525,687	0		
Non-Line Item Request:		None										
Letternote Revised Text:		None										
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX										
Reappropriated Funds Source, by Department and Line Item Name:		N/A										
Approval by OIT?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>										
Schedule 13s from Affected Departments:		N/A										

CHANGE REQUEST for FY 2009-10 BUDGET REQUEST CYCLE

Department:	Health Care Policy and Financing
Priority Number:	S-16
Change Request Title:	Revised Implementation of SB 06-145 Local Government Provider Fee

SELECT ONE (click on box):

- Decision Item FY 2009-10
- Base Reduction Item FY 2009-10
- Supplemental Request FY 2008-09
- Budget Request Amendment FY 2009-10

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:

This request is for removal of funding for the Department’s (4) Indigent Care Program; SB 06-145 Inpatient Provider Fee and the (4) Indigent Care Program; SB 06-145 Outpatient Provider Fee line items from the FY 2008-09 Budget. The change would only be needed for FY 2008-09 as the Department has included these funds in the November 3, 2008 FY 2009-10 Budget Request. The removal of this funding would represent a reduction in cash funds spending authority of \$5,205,696 in FY 2008-09.

Background and Appropriation History:

During the 2006 legislative session, the General Assembly passed SB 06-145, “Concerning the Authority of a Local Government to Impose a Fee on Certain Medical Providers for Purposes of Obtaining Federal Financial Participation under Medicaid for Unreimbursed Medicaid Costs.” This statute authorized local governments to assess a fee on the revenues of private hospitals within their jurisdiction that provide inpatient and/or outpatient medical services subject to 42 CFR §433.68. The monies collected from the fee were to be supplemented with federal Medicaid funds, subject to the available upper payment limit (UPL), and redistributed to private hospitals based on their unreimbursed costs of treating Medicaid and Colorado Indigent Care Program clients. Local

Government participation is voluntary, but participation by hospital providers within participating local governments is mandatory (29-28-103 (1) (a), C.R.S. (2008)).

The Department determined this legislation to have a conditional fiscal impact in FY 2006-07 and FY 2007-08 should local governments elect to impose a fee on private hospital providers within their jurisdiction. As the single State agency authorized to distribute federal Medicaid funds, the Department was required to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services authorizing the reimbursement methodology before federal funding could be drawn and provider payments issued. After the passage of SB 06-145, the Department developed a reimbursement methodology and submitted two State Plan Amendments (Transmittal Number 06-013 for Inpatient Hospital Services and Transmittal Number 06-014 for Outpatient Hospital Services) on September 29, 2006 to the Centers for Medicare and Medicaid Services. At this time, only one local government entity — City of Brighton — has informed the Department of their intention to impose a provider fee on inpatient and outpatient hospital revenues on their sole private hospital provider, Platte Valley Medical Center. See S-17, BA-11 in the Department's January 2, 2008 FY 07-08 Supplemental Requests for more details on the proposed reimbursement methodology.

On January 2, 2008, the Department submitted a Supplemental Request and an associated FY 2008-09 Budget Request Amendment (S-17, BA-11) to appropriate funding to the newly created (4) Indigent Care Program; SB 06-145 Inpatient Provider Fee and the (4) Indigent Care Program; SB 06-145 Outpatient Provider Fee line items. The Department was subsequently appropriated spending authorities of \$4,225,858 and \$5,985,492 for the Inpatient and Outpatient Provider Fee line items, respectively, which included retroactive funding for fees that would have been collected in FY 2006-07 had the program been operational. At the time that these requests were written, the Department did not anticipate difficulty in obtaining federal matching funds for the new line items. Therefore a payable was set up to retain the FY 2007-08 appropriation for reimbursement of potential fee collections retroactive to FY 2006-07, pending approval of State Plan Amendments submitted under Transmittal Numbers 06-013 and 06-014. However, as the State Plan Amendments have not been approved as originally written, the Department will be

reverting the payable associated with the FY 2007-08 appropriations to these line items. For FY 2008-09, the Department was appropriated a spending authority of \$2,154,322 and \$3,051,374 for the Inpatient and Outpatient Provider Fee line items, which will not be utilized due to continuing delays in the approval of the Department's reimbursement methodology.

General Description of Request:

This request is for removal of funding for the Department's (4) Indigent Care Program; SB 06-145 Inpatient Provider Fee and the (4) Indigent Care Program; SB 06-145 Outpatient Provider Fee line items from the FY 2008-09 Budget. The change would be one time as the Department is requesting replacement of these funds for FY 2009-10. The removal of this funding would represent a reduction in cash funds spending authority of \$5,205,696 in FY 2008-09.

The request is needed due to denial of the Department's State Plan Amendments (Transmittal Number 06-013 and Transmittal Number 06-014) concerning the local government provider fee. The federal Centers for Medicare and Medicaid Services concluded that the Department's reimbursement methodology did not meet the requirements of 42 CFR §433.68 (f) addressing hold harmless arrangements. In general, a health care related provider fee must:

- Be broad-based;
- Be uniform, and;
- Avoid hold harmless arrangements.

According to the definition of a qualified provider at 29-28-102 (3) C.R.S. (2008), public hospitals are exempt from the imposition of the local government provider fee. Therefore, if there are public hospitals within the jurisdiction of a participating local government, then the Department must request a waiver of the "broad-based" requirements established under 42 CFR §433.68(c)(2) from the Centers for Medicare and Medicaid Services to exclude the public hospitals from being assessed the provider fee. This regulation establishes that "if a health care-related tax is imposed by a unit of local government, the tax must extend to all items or services or providers (or to all providers in a class) in the

area over which the unit of local government has jurisdiction.” Given the legislative restriction in SB 06-145, the Department must request a waiver from the Centers for Medicare and Medicaid Services of the broad-based requirement, pursuant to 42 CFR §433.72(b), to exclude state-owned hospitals within the territorial boundaries of a participating local government from the proposed provider fee. Should the Centers for Medicare and Medicaid Services deny the waiver request, then federal financial participation could not be obtained for provider fees assessed on any provider (private or public) residing within the jurisdiction of that local government.

In addition, assessment of the fee must be uniform, meaning that a participating government must assess all providers, for a specific health care class of service, at the same rate (42 §CFR 433.68 (d)). Since Platte Valley Medical Center is the only provider of inpatient and outpatient services within the City of Brighton, the uniformity requirement is not in question. However, if the Department is able to implement a local government provider fee with additional participating local government entities, the Department will need to ensure adherence to the uniformity requirement.

Health-care related provider fees must also avoid hold harmless situations in order to be considered for approval by the Centers for Medicare and Medicaid Services. The Centers for Medicare and Medicaid Services identifies hold harmless arrangements using the following conditions:

- The State (or other unit of government) imposing the tax provides directly or indirectly for a non-Medicaid payment to those providers or others paying the tax and the amount of the payment is positively correlated to either the amount of the tax or to the difference between the Medicaid payment and the total tax cost;
- All or any portion of the Medicaid payment to the taxpayer varies based only on the amount of the total tax payment, and;
- The State (or other unit of local government) imposing the tax provides, directly or indirectly, for any payment, offset, or waiver that guarantees to hold taxpayers harmless for all or a portion of the tax.

The Department's proposed reimbursement methodology was found to fulfill the last of these provisions (42 CFR 433.68 (f) (3)), and therefore did not avoid a hold harmless arrangement. In a communication to the Department dated August 29th, 2008, the Centers for Medicare and Medicaid Services explained that the current arrangement with the City of Brighton and Platte Valley Medical Center does not meet the avoidance of hold harmless requirements. Since Platte Valley Medical Center is the only provider within the City of Brighton assessed a fee and the only recipient of the proposed payment, the Centers for Medicare and Medicaid Services views the arrangement as a guarantee of final payment in which there is a dollar-for-dollar correspondence between the fee collected and the associated final payment to the provider. Since the Centers for Medicare and Medicaid Services will not approve State Plan Amendments (TN 06-013 and TN 06-014) that would provide federal financial participation for the SB 06-145 payments to Platte Valley Medical Center appropriated in the FY 2008-09 Long Bill, the Department requests that all funding for this line item be removed for FY 2008-09.

However, the Department is exploring alternatives to the proposed provider fee that would ensure approval of associated State Plan Amendments, but at this time is not certain of the outcome. Although it is unlikely that the approval and implementation of a revised provider fee would be complete in time to utilize the appropriated funding in FY 2008-09, the Department requests that the funding be left in the FY 2009-10 in order to safeguard against a lack of spending authority in the case that the revised provider fee can be implemented for FY 2009-10.

Consequences if Not Funded:

Disapproval of this request would create inaccuracy in the Department's budget documents pertaining to the (4) Indigent Care Program long bill group.

Calculations for Request:

Summary of Request FY 2008-09	Total Funds	Cash Funds	Federal Funds
Total Request	(\$5,205,696)	(\$2,602,848)	(\$2,602,848)
(4) Indigent Care Program; SB 06-145 Inpatient Provider Fee	(\$2,154,322)	(\$1,077,161)	(\$1,077,161)
(4) Indigent Care Program; SB 06-145 Outpatient Provider Fee	(\$3,051,374)	(\$1,525,687)	(\$1,525,687)

Cash Funds Projections: Not Applicable.

Assumptions for Calculations: The Department assumes that an amount equal to that initially requested for FY 2008-09 will be required in FY 2009-10. It is assumed that the revision of the provider fee program will be complete with sufficient time to utilize the FY 2009-10 spending authority.

Impact on Other Government Agencies: None.

Cost Benefit Analysis: Not Applicable.

Implementation Schedule: Not applicable.

Statutory and Federal Authority: 29-28-103 (1) (a), C.R.S. (2008). Powers of the governing body - fee authorization - unreimbursed Medicaid costs. *The governing body of a local government may impose a fee on a qualified provider located within its territorial boundaries for the purpose of obtaining federal financial participation under the state's medical assistance program, articles 4, 5, and 6 of title 25.5, C.R.S., to reimburse qualified providers for unreimbursed Medicaid costs.*

25.5-4-417 (4), C.R.S. (2008). Unreimbursed costs - Medicaid providers - state plan amendment - rules. *Upon notice of the imposition of a fee by a local government as authorized by article 28 of title 29, C.R.S., the state department shall calculate the unreimbursed Medicaid costs for qualified providers within the local government, excluding any specific costs the local government exempts from the calculation pursuant to section 29-28-103 (1) (b), C.R.S.*

42 C.F.R §433.68. Permissible health care-related taxes after the transition period. *(a) General rule. Beginning on the day after a State's transition period, as defined in Sec 433.58(b), ends, a State may receive health care-related taxes, without a reduction in FFP, only in accordance with the requirements of this section.*

Performance Measures:

Not applicable.

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10:		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		DPHE - Adjustment to Medicaid Funding for CDPHE Survey and Certification									
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/19/08</i>			
Priority Number:		NP-S1 (See also CDPHE S-2a)			OSPB Approval: <i>Smuz</i>			Date: <i>12-19-08</i>			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision-Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	4,052,138	4,932,027	0	4,932,027	5,132,264	9,926	5,142,190	0	5,142,190	9,926
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,040,488	1,300,605	58,116	1,358,721	1,551,854	3,176	1,555,030	0	1,555,030	3,176
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	3,011,650	3,631,422	(58,116)	3,573,306	3,580,410	6,750	3,587,160	0	3,587,160	6,750
(1) Executive Director's Office; (B) Transfers to Other Departments. Transfer to Department of Public Health and Environment Facility for Survey and Certification	Total	4,052,138	4,932,027	0	4,932,027	5,132,264	9,926	5,142,190	0	5,142,190	9,926
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	1,040,488	1,300,605	58,116	1,358,721	1,551,854	3,176	1,555,030	0	1,555,030	3,176
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	3,011,650	3,631,422	(58,116)	3,573,306	3,580,410	6,750	3,587,160	0	3,587,160	6,750
Non-Line Item Request:		None									
Letternote Revised Text:		None									
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT?		Yes: No: N/A: <input checked="" type="checkbox"/>									
Schedule 13s from Affected Departments:		Department of Public Health and Environment									

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13												
Change Request for FY 2009-10 Budget Request Cycle												
Decision Item FY 2009-10 <input type="checkbox"/>		Base Reduction Item FY 2009-10 <input type="checkbox"/>			Supplemental FY 2008-09 <input checked="" type="checkbox"/>			Budget Amendment FY 2009-10 <input checked="" type="checkbox"/>				
Request Title:		DHS - Regional Center Staffing High Need Clients					Dept. Approval by:		John Bartholomew <i>JB</i>		Date:	January 2, 2009 <i>12/15/08</i>
Department:		Health Care Policy and Financing			OSP/B Approval:		<i>SMZ</i>		Date:	<i>12-17-08</i>		
Priority Number:		NP-S3, NP-BA1 (See also DHS S1, BA1)							Date:			
	Fund	1	2	3	4	5	6	7	8	9	10	
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision/Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11	
Total of All Line Items	Total	47,754,099	60,564,648	862,594	61,427,242	64,219,815	1,503,502	65,723,317	1,895,525	67,618,842	3,399,027	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	23,037,005	29,230,595	431,297	29,661,892	31,094,614	751,751	31,846,365	947,763	32,794,128	1,699,514	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	821,668	979,889	0	979,889	1,020,015	0	1,020,015	0	1,020,015	0	
	FF	23,895,426	30,354,164	431,297	30,785,461	32,105,186	751,751	32,856,937	947,762	33,804,699	1,699,513	
(6) Department of Human Services Medicaid-Funded Programs; (A) Executive Director's Office - Medicaid Funding	Total	2,869,399	14,426,718	68,000	14,494,718	14,499,876	120,284	14,620,160	642,197	15,262,357	762,481	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	1,434,700	7,141,131	34,000	7,175,131	7,254,271	60,142	7,314,413	321,099	7,635,512	381,241	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	0	388	0	388	388	0	388	0	388	0	
	FF	1,434,699	7,285,199	34,000	7,319,199	7,245,217	60,142	7,305,359	321,098	7,626,457	381,240	
(6) Department of Human Services Medicaid-Funded Programs; (F) Services for People with Disabilities - Medicaid Funding, Regional Centers	Total	44,884,700	46,137,930	794,594	46,932,524	49,719,939	1,383,218	51,103,157	1,253,328	52,356,485	2,636,546	
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	GF	21,602,305	22,089,464	397,297	22,486,761	23,840,343	691,609	24,531,952	626,664	25,158,616	1,318,273	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	0	
	CFE/RF	821,668	979,501	0	979,501	1,019,627	0	1,019,627	0	1,019,627	0	
	FF	22,460,727	23,068,965	397,297	23,466,262	24,859,969	691,609	25,551,578	626,664	26,178,242	1,318,273	
Non-Line Item Request:		None										
Letternote Revised Text:		None										
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX										
Reappropriated Funds Source, by Department and Line Item Name:		N/A										
Approval by OIT? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		N/A: <input checked="" type="checkbox"/>										
Schedule 13s from Affected Departments:		Department of Human Services										

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: DHS - Technical Supplemental											
Department: Health Care Policy and Financing					Dept. Approval by: John Bartholomew			Date: January 2, 2009			
Priority Number: NP-S4, NP-BA2 (See also DHS S-17, BA-17)					OSPB Approval: <i>[Signature]</i>			Date: 12-30-08			
	Fund	1 Prior-Year Actual FY 2007-08	2 Appropriation FY 2008-09	3 Supplemental Request FY 2008-09	4 Total Revised Request FY 2008-09	5 Base Request FY 2009-10	6 Decision- Base Reduction FY 2009-10	7 November 1 Request FY 2009-10	8 Budget Amendment FY 2009-10	9 Total Revised Request FY 2009-10	10 Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	1,973,464	1,458,122	0	1,458,122	1,481,897	0	1,481,897	0	1,481,897	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	962,976	704,947	(1)	704,946	716,835	0	716,835	0	716,835	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	24,114	24,114	0	0	0	24,114	24,114	24,114
	CFE/RF	23,757	0	0	0	0	0	0	0	0	0
	FF	986,731	753,175	(24,113)	729,062	765,062	0	765,062	(24,114)	740,948	(24,114)
(6) Department of Human Services Medicaid-Funded Programs; (E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Administration	Total	351,983	325,197	(2)	325,195	348,972	0	348,972	(2)	348,970	(2)
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	175,992	162,598	(2)	162,596	174,486	0	174,486	(1)	174,485	(1)
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	0	0	0	0	0	0	0	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	175,991	162,599	0	162,599	174,486	0	174,486	(1)	174,485	(1)
(6) Department of Human Services Medicaid-Funded Programs; (E) Mental Health and Alcohol and Drug Abuse Services - Medicaid Funding, Residential Treatment for Youth (H.B. 99-1116)	Total	116,331	119,225	0	119,225	119,225	0	119,225	0	119,225	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	34,409	35,499	0	35,499	35,499	0	35,499	0	35,499	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	24,114	24,114	0	0	0	24,114	24,114	24,114
	CFE/RF	23,757	0	0	0	0	0	0	0	0	0
	FF	58,165	83,726	(24,114)	59,612	83,726	0	83,726	(24,114)	59,612	(24,114)

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13											
Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10	<input type="checkbox"/>	Base Reduction Item FY 2009-10	<input type="checkbox"/>	Supplemental FY 2008-09	<input checked="" type="checkbox"/>	Budget Amendment FY 2009-10	<input checked="" type="checkbox"/>				
Request Title:	DHS - Technical Supplemental										
Department:	Health Care Policy and Financing			Dept. Approval by:	John Bartholomew		Date:	January 2, 2009			
Priority Number:	NP-S4, NP-BA2 (See also DHS S-17, BA-17)			OSPB Approval:			Date:				
		1	2	3	4	5	6	7	8	9	10
		Prior-Year			Total	Base	Decision/			Total	Change
		Actual	Appropriation	Supplemental	Revised	Request	Base	November 1	Budget	Revised	from Base
	Fund	FY 2007-08	FY 2008-09	Request	Request	FY 2008-09	Reduction	Request	Amendment	Request	(Column 5)
				FY 2008-09	FY 2008-09	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2009-10	FY 2010-11
(6) Department of Human Services	Total	1,505,150	1,013,700	2	1,013,702	1,013,700	0	1,013,700	2	1,013,702	2
Medicaid-Funded Programs; (E)	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Mental Health and Alcohol and	GF	752,575	506,850	1	506,851	506,850	0	506,850	1	506,851	1
Drug Abuse Services - Medicaid	GFE	0	0	0	0	0	0	0	0	0	0
Funding, Alcohol and Drug Abuse	CF	0	0	0	0	0	0	0	0	0	0
Division, High Risk Pregnant	CFE/RF	0	0	0	0	0	0	0	0	0	0
Women Program	FF	752,575	506,850	1	506,851	506,850	0	506,850	1	506,851	1
Non-Line Item Request:	None										
Letternote Revised Text:	This amount shall be from the Tobacco Litigation Settlement Cash Fund created in Section 24-22-115 (l), C.R.S.										
Cash or Federal Fund Name and COFRS Fund Number:	FF: Title XIX, CF: Tobacco Litigation Settlement Cash Fund										
Reappropriated Funds Source, by Department and Line Item Name:	N/A										
Approval by OIT?	Yes: <input type="checkbox"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	N/A: <input checked="" type="checkbox"/>							
Schedule 13s from Affected Departments:	Department of Human Services										

STATE OF COLORADO FY 2009-10 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title: DHS - Colorado Benefits Management System (CBMS) Federal Reallocation		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/19/08</i>			
Priority Number: NP-S5 (See also DHS S-11)					OSPBA Approval: <i>JN</i>			Date: <i>12-19-08</i>			
	Fund	1	2	3	4	5	6	November 1 Request FY 2009-10	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision: Base Reduction FY 2009-10		Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	823,628	0	974,393	974,393	0	0	0	0	0	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	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/RF	0	0	0	0	0	0	0	0	0	0
	FF	823,628	0	974,393	974,393	0	0	0	0	0	0
(6) Department of Human Services Medicaid-Funded Programs: (B) Office of Information Technology Services - Medicaid Funding, CBMS Federal Reallocation	Total	823,628	0	974,393	974,393	0	0	0	0	0	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	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/RF	0	0	0	0	0	0	0	0	0	0
	FF	823,628	0	974,393	974,393	0	0	0	0	0	0
Non-Line Item Request: None											
Letternote Revised Text: None											
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX									
Reappropriated Funds Source, by Department and Line Item Name:		N/A									
Approval by OIT? Yes: No: N/A: <input checked="" type="checkbox"/>											
Schedule 13s from Affected Departments:		Department of Human Services									

Schedule 13 Change Request for FY 2009-10 Budget Request Cycle											
Decision Item FY 2009-10		Base Reduction Item FY 2009-10			Supplemental FY 2008-09			Budget Amendment FY 2009-10			
Request Title:		DHS - Colorado Benefits Management System (CBMS) Refinancing									
Department:		Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: January 2, 2009 <i>12/19/08</i>			
Priority Number:		NP-S8 (See also DHS S-12)			OSPb Approval: <i>John Z</i>			Date: <i>12-19-08</i>			
		1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2007-08	Appropriation FY 2008-09	Supplemental Request FY 2008-09	Total Revised Request FY 2008-09	Base Request FY 2009-10	Decision-Base Reduction FY 2009-10	November 1 Request FY 2009-10	Budget Amendment FY 2009-10	Total Revised Request FY 2009-10	Change from Base (Column 5) FY 2010-11
Total of All Line Items	Total	8,766,262	8,180,840	933,301	9,114,141	8,122,497	0	8,122,497	0	8,122,497	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	3,974,141	3,814,926	0	3,814,926	3,796,969	0	3,796,969	0	3,796,969	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	26,490	218,619	245,109	9,968	0	9,968	0	9,968	0
	CFE/RF	589,595	480,452	0	480,452	482,184	0	482,184	0	482,184	0
	FF	4,202,526	3,858,972	714,682	4,573,654	3,833,376	0	3,833,376	0	3,833,376	0
(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services - Medicaid Funding, Colorado Benefits Management System^a	Total	8,716,020	8,129,122	927,944	9,057,066	8,070,779	0	8,070,779	0	8,070,779	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	3,951,370	3,790,698	0	3,790,698	3,772,741	0	3,772,741	0	3,772,741	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	26,490	217,364	243,854	9,968	0	9,968	0	9,968	0
	CFE/RF	586,457	477,358	0	477,358	479,090	0	479,090	0	479,090	0
	FF	4,178,193	3,834,576	710,580	4,545,156	3,808,980	0	3,808,980	0	3,808,980	0
(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services - Medicaid Funding, CBMS SAS-70 Audit^b	Total	50,242	51,718	5,357	57,075	51,718	0	51,718	0	51,718	0
	FTE	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF	22,771	24,228	0	24,228	24,228	0	24,228	0	24,228	0
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	0	0	1,255	1,255	0	0	0	0	0	0
	CFE/RF	3,138	3,094	0	3,094	3,094	0	3,094	0	3,094	0
	FF	24,333	24,396	4,102	28,498	24,396	0	24,396	0	24,396	0
Non-Line Item Request:		None									
Letternote Revised Text:		^a CF: \$217,364 shall be from Tobacco Master Settlement Funds in the Department of Treasury as authorized by HB 07-1359 and SB 08-127.									
		^b CF: \$1,255 shall be from Tobacco Master Settlement Funds in the Department of Treasury as authorized by HB 07-1359 and SB 08-127.									
Cash or Federal Fund Name and COFRS Fund Number:		FF: Title XIX, Title XXI CF: Tobacco Master Settlement Funds									
Reappropriated Funds Source, by Department and Line Item Name:		None									
Approval by OIT?		Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> N/A: <input type="checkbox"/>									
Schedule 13s from Affected Departments:		Department of Human Services									