					Schedul	***************************************					
		***************************************	Chan	ge Request	for FY 2009-1	I0 Budget R	equest Cyc	le			
Decision Item FY 2009-10		+	Base Reductio	n Item FY 2009	-10 Supplemental FY 2008-09		cocce 19	Budget An	mendment FY 2009-10		
Request Title:	DHS - Ombuds Program Increase - Workers Compensation								,		
Department:	Health (Care Policy and	d Financing		Dept. Approval by:		John Bartholomew 175		Date:	October 31, 2008	
Priority Number:		See also DHS			OSPB Approval:		Jh.	42/	Date:	10-21	-08
		1	2	3	4	5		7 /	8	9	10
		Prior-Year		Supplemental	Total Revised	Base	Decision/ Base	November 1	Budget	Total Revised	Change from Base
	Fund	Actual FY 2007-08	Appropriation FY 2008-09	Request FY 2008-09	Request FY 2008-09	Request FY 2009-10	Reduction FY 2009-10	Request FY 2009-10	Amendment FY 2009-10	Request FY 2009-10	(Column 5) FY 2010-11
Total of All Line Items	Total	2,869,399	14,426,718	0	14,426,718	14,499,873	3,888	14,503,761	0	14,503,761	3,488
	FTE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	GF		7,141,131	0	7,141,131	7,177,708	1,944	7,179,652	0	7,179,652	1,744
	GFE		0	0	0	0	0	0	0	0	(
	CF		0	0	0	0	0	0	0	0	
	CFE/RF			0	388	388	0	388	0_	388	(
	FF	1,434,699	7,285,199	0	7,285,199	7,321,777	1,944	7,323,721	0	7,323,721	1,744
(6) Department of Human Services	Total	2,869,399	14,426,718	0	14,426,718	14,499,873	3,888	14,503,761	0	14,503,761	3,488
Medicaid-Funded	FTE	······································	0.0	0.0	0.0	0.0	0.0	147,000,411 0.01	0.0	14,000,000 110	0.0
Programs; (A)	GF		7,141,131	0	7,141,131	7,177,708	1,944	7,179,652	0.0	7,179,652	1,744
Executive Director's	GFE		0	0		0	0	0	0	0	
Office - Medicaid	CF	0	0	0	0	0	0	0	0	0	(
Funding	CFE/RF			0	388	388	0	388	0	388	C
	FF	1,434,699	7,285,199	0	7,285,199	7,321,777	1,944	7,323,721	0	7,323,721	1,744
Non-Line Item Request	•	None	·1		d						
Letternote Revised Tex	t:	None									
Cash or Federal Fund I	Name an	d COFRS Fund	Number:	FF: Title XIX							
Reappropriated Funds	Source,	by Department	and Line Item	Name:	N/A	***************************************	***************************************				***************************************
Approval by OIT?	Yes:		N/A: ▽								
Schedule 13s from Affe	cted Den	artments:	Department of H	luman Services	L				.K.		