					Schedule						
			Chan	ge Request	for FY 2009-1	U Buaget R	equest Cyc	le			
Decision Item FY 2009-10			Base Reductio	n Item FY 2009	-10	Supplemental FY 2008-09		Budget Amendment FY 2009-10		09-10	
Request Title:	DHS - Bu	udget Office S	Staffing							-	
Department:	Health Care Policy and Financing				Dept. Approval by:		John Batholomew 1/8		Date:	October 31, 20	008
Priority Number:				OSPB Approval:		-h 112/		Date:	10-23-08		
		1	2	3	4	5	8	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 (Column 5)
	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
Total of All Line Items	Total	2,869,399	14,426,718	0	14,426,718	14,499,873	31,403	14,531,276	0	14,531,276	31,713
	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	0	7,141,131	7,177,708	15,702	7,193,410	0	7,193,410	15,857
	GFE	0	0	0	0	. 0	0	0	0	0	
	CF	0	0	0	0	0	0	0	0	0	C
	CFE/RF	0	388	0	388	388	0	388	0	388	C
	FF	1,434,699	7,285,199	0	7,285,199	7,777, 321, 7	15,701	7,337,478	0	7,337,478	15,858
(6) Department of Human Services	Total	2,869,399	14 400 710	0	14 400 710	14 400 072	24.402	14 521 276	D O	14.531.370	31,713
Human Services Medicaid-Funded	FTE	2,009,399	14,426,718 0.0	0.0	14,426,718 0.0	14,499,873 0.0	31,403 0.0	14,531,276 0.0	0.0	14,531,276 0.0	0.0 0.0
medicaid-Funded Programs; (A)	GF	1,434,700	7,141,131	0.0	7,141,131	7,177,708	15,702	7,193,410	0.0	7,193,410	15,857
Executive Director's	GFE	0	7,141,131		0	0	13,732	7,133,410 N		014,001,7 0	15,057
Office - Medicaid	CF	0	0	0	0	0	Ō	0	0	Ō	
Funding	CFE/RF	0	388	0	. 388	388	0	388	0	388	
	FF	1,434,699	7,285,199	0	7,285,199	7,321,777	15,701	7,337,478	0	7,337,478	15,856
Non-Line Item Request	:	None							I		
Letternote Revised Tex	ct:	None									
Cash or Federal Fund	Name and	COFRS Fund	Number:	FF: Title XIX							
Reappropriated Funds	Source, b	y Department	and Line Item	Name:	NA					***************************************	***************************************
Approval by OIT?	Yes:	No: □	N/A: ₹								
Schedule 13s from Affe	cted Dena	artments:	Department of H	luman Services		***************************************	k		A company annual		