

Schedule 13

Funding Request for the 2014-15 Budget Cycle

Department: Department of Human Services
Request Title: Department of Corrections Raw Food Cost Increase
Priority Number: NP-1

Dept. Approval by: *Will B. L.* 10-18-13
 Date

- Decision Item FY 2014-15
- Base Reduction Item FY 2014-15
- Supplemental FY 2013-14
- Budget Amendment FY 2014-15

OSPB Approval by: *Carol A. ...* 10/29/13
 Date

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	5
	Fund	Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
Total of All Line Items	Total	4,885,628	0	4,802,113	428,529	428,529
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	4,012,426	0	3,928,911	0	0
	CF	403,362	0	403,362	0	0
	RF	469,840	0	469,840	428,529	428,529
	FF	0	0	0	0	0
	MCF	302,368	0	302,368	0	0
	MGF	151,184	0	151,184	0	0
	NGF	4,163,610	0	4,080,095	0	0
(8) Behavioral Health Services, (C) Mental Health Institutes, Mental Health Institute - Pueblo Operating Expenses	Total	4,885,628	0	4,802,113	428,529	428,529
	FTE	0.0	0.0	0.0	0.0	0.0
	GF	4,012,426	0	3,928,911	0	0
	CF	403,362	0	403,362	0	0
	RF	469,840	0	469,840	428,529	428,529
	FF	0	0	0	0	0
	MCF	302,368	0	302,368	0	0
	MGF	151,184	0	151,184	0	0
	NGF	4,163,610	0	4,080,095	0	0

Letternote Text Revision Required? Yes: No: **If yes, describe the Letternote Text Revision:**
(8)(C) ^b Of this amount, \$5,395,668 shall be from patient revenues, ~~\$1,746,012~~ \$2,174,541 shall be transferred from the Department of Corrections (including ~~\$400,493~~ \$548,414 for services for the La Vista Facility), and \$113,234 shall be transferred from the Department of Education. For informational purposes only, of the patient revenues, \$4,775,751 is estimated to be from Medicaid funds transferred from the Department of Health Care Policy and Financing and \$619,917 is estimated to be Medicaid revenue earned from behavioral health organizations through Mental Health Community Capitation.

Cash or Federal Fund Name and COFRS Fund Number: N/A
Reappropriated Funds Source, by Department and Line Item Name: Department of Corrections
Approval by OIT? Yes: No: **Not Required:**
Schedule 13s from Affected Departments: Department of Corrections
Other Information:

