COLORADO GENERAL ASSEMBLY JOINT BUDGET COMMITTEE



SUPPLEMENTAL REQUESTS FOR FY 2008-09

DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

(Administrative and Health Divisions)

JBC Working Document - Subject to Change Staff Recommendation Does Not Represent Committee Decision

> Prepared By: Stephen Allen, JBC Staff January 26, 2008

For Further Information Contact:

Joint Budget Committee Staff 200 E. 14th Avenue, 3rd Floor Denver, Colorado 80203 Telephone: (303) 866-2061 TDD: (303) 866-3472

TABLE OF CONTENTS

	Narrative Page	Numbers Page
Prioritized Supplementals in Department-Assigned Order		
Supplemental #2a - Supplemental #2a - Adjustment to Medicaid Funding for CDPHE Survey and Certification	1	20
Supplemental #3 - Administration and Support - Operating	2	20
Supplemental #4 - Technical Corrections	3	21
Supplemental #5 - Indirect Cost Recoveries	5	22
Supplemental #7 - Refinance Administrative Costs with Indirect Cost Recoveries	7	25
Supplemental #8 - Reduce funding for Local Public Health Programs	8	26
Supplemental #10 - Reduce/Eliminate Hepatitis C program	10	28
Supplemental #11 - Reduce Administration Support for Prevention Programs	11	28
Supplemental #12 - Reduce Funding for Interagency Prevention Program Coordination	12	29
Supplemental #14 - Reduce funding for School based Health Centers	13	29
Supplemental #15 - Reductions to the Ryan White Aids Drug Assistance Program	14	29
Supplemental #16 - Hiring Freeze	15	30
Non-prioritized Supplementals		
Previously Approved Interim Supplemental - Administration and Support - Leased Space	16	32
Totals for All Supplementals	N.A.	32

Cash Fund Transfers

Department Requested - Prevention, Early Detection, and Treatment Fund	17	N.A.
Department Requested - Short Term Innovative Health Programs Grant Fund	17	N.A.
Department Requested - Medical Marijuana Program Cash Fund	18	N.A.
Supplementals Involving Other Departments		
Supplemental 2a (Impact on HCPF)	1	N.A.

Prioritized Supplementals

Supplemental Request, Department Priority #2a Adjustment to Medicaid Funding for CDPHE Survey and Certification

Department of Public Health and Environment	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
CFE/RF	0	0
Federal Funds	0	0
Medicaid Cash Funds	0	0
General Fund in Medicaid Cash Funds	58,116	58,116
Net General Fund	58,116	58,116

Department of Health Care Policy and Financing	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
General Fund	58,116	58,116
Federal Funds	(58,116)	(58,116)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?	YES
[An emergency or act of God; a technical error in calculating the original appropriation; data that was	
not available when the original appropriation was made; or an unforseen contingency.]	
IBC staff and the Department agree that this request is the result of a technical error in calculating the original	

JBC staff and the Department agree that this request is the result of a technical error in calculating the original appropriation.

Department Request: The Department requests an additional \$58,116 General Fund appropriation for FY 2008-09 for the "Transfer to Department of Public Health and Environment for Survey and Certification" line in the Executive Director's Office of the Department of Health Care Policy and Financing (HCPF). The federal funds appropriation for this line will be reduced by an equal and offsetting amount.

Staff Recommendation: Staff recommends that the Committee approve the Department's request and appropriate an additional \$58,116 for the "Transfer to Department of Public Health and Environment for Survey and Certification" line in HCPF, while reducing the federal funds appropriation for this line by an equal amount for the reasons discussed below.

Analysis: The Department's Medicaid/Medicare Certification Program certifies nursing homes and hospitals so they can receive Medicaid and Medicare payments. Based on its inspections, the Department makes a recommendation to HCPF as to whether a facility or provider is in compliance with applicable regulations and should be Medicaid certified.

The certification program receives the Medicaid portion of its funding as a reappropriated funds transfer from HCPF. HCPF, in turn, obtains this funding by requesting a federal match for a state General Fund appropriation. The computation of the federal match is somewhat complex; it is partially at a 50 percent rate and partially at a 75 percent rate, with the 75 percent rate applying to skilled professional medical personnel when they are performing tasks requiring a medical background. After analyzing spending through September 30, 2008, it is projected that the appropriation within HCPF contains \$58,116 too little General Fund and \$58,116 too much federal funds. In retrospect this imbalance probably could have been foreseen, but was not. Thus it is classified as a technical error.

This request will correct the General Fund-Federal Funds imbalance. If this adjustment is not made, HCPF will not be able to obtain sufficient federal funds for CDPHE's facility survey program and CDPHE will have to eliminate about 5 surveyor positions and 1.5 clerical positions. As a consequence it will be unable to complete about 100 planned surveys of medical facilities, which will leave Colorado out of compliance with federal Medicaid regulations. The Department notes that surveyor positions typically require nursing or health care experience and/or training and may be difficult to fill in the future if layoffs are necessary.

Staff believes that it is unwise for the state to perform too few surveys and, as a consequence, be out of compliance with Medicaid regulations.

Supplemental Request, Department Priority #3 Administration and Support - Operating

	Request	Recommendation
Total	\$51,403	\$51,403
Reappropriated Funds	51,403	51,403

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]

JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

Department Request: The Department requests an additional appropriation of \$51,403 reappropriated funds for FY 2008-09 for the Operating Expenses line item in (1) Administration and Support, (A) Administration. The increase will pay for the increased costs of postage, paper and copiers. The appropriation will be funded from increased indirect cost recoveries.

Staff Analysis: The Department spends about 70 percent of its operating expenses budget on postage, paper and copiers. Since last year, it has seen the cost of paper rise by 13 percent, the cost of impressions made on its principal copier rise by 10 percent, the cost of DPA's courier services rise 32 percent, the cost of shipping with UPS and FedEx rise 5 percent, and the cost of USPS mail rise 3 percent. As a consequence it has experienced the following increase in costs:

Postage	\$17,285
Paper	14,252
Copiers	19,866
Total	\$51,403

During its hearing, the Department indicated that it looked at the cost of outsourcing copy work and has concluded that the copies that it produces in its own copy shop are about one third less expensive than copies produced by Kinkos, the least expensive outsourcing alternative that they examined.

Staff Recommendation: Staff recommends that the Committee approve the Department's request.

Supplemental Request, Department Priority #4 Technical Corrections

	Request	Recommendation
Total	<u>\$0</u>	<u>\$0</u>
Cash Funds	7,796,659	0
CFE/RF	(7,796,659)	0

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]

In Part

The Department asserts that this entire request is the result of a technical error. JBC staff believes that the first part of the request is best characterized as resulting from new data while the second part of the request results from a technical error.

Department Request: This request is comprised of two parts, Technical #1 and Technical #2.

Technical #1: The Department requests amendment of letternote c in (1) Administration and Support, (A) Administration, which attaches to the reappropriated funds appropriation for six line items in the FY 2008-09 Long Bill. These line items contain central appropriations of personal-services-related POTS. The total appropriations on these lines will not change; only the composition of the reappropriated funds will be altered. The amendment is as follows

^c Of these amounts, \$950,000 \$929,000 shall be from indirect cost recoveries, \$542,692 shall be from Medicaid funds appropriated to the Department of Health Care Policy and Financing, \$53,840 \$50,604 shall be from the Prevention, Early Detection, and Treatment Fund Expenditures appropriation in the Prevention Services Division, and \$14,220 shall be from the Local Government Severance Tax Fund, created in Section 39-29-110 (1) (a) (I) C.R.S., transferred from the Department of Local Affairs, AND \$24,236 SHALL BE FROM VARIOUS SOURCES OF REAPPROPRIATED FUNDS.

Staff Recommendation: Staff recommends that the Committee approve Technical Request #1 and amend the letternote as indicated.

Staff Analysis: This letternote is being updated to reflect changes in the amount of potted appropriations that are to be allocated to the Department's various divisions. These changes could not have been foreseen at the time of figure setting last session.

Technical #2: The Department requests that the FY 2008-09 appropriation of reappropriated funds to the Health Disparities program, the source for which is the "Prevention, Early Detection, and Treatment Fund Expenditures" line item in the Prevention Services Division, be replaced with a direct appropriation from the Health Disparities Grant Program Fund. The ultimate source of these moneys is Amendment 35 tobacco tax revenue.

Analysis: Staff and the Department agree that this proposed change to the Long Bill will not alter the amount of money delivered to or expended by the Health Disparities program or any other

program; staff and the Department further agree that the total appropriations to the Health Disparities program are correct and do not need adjustment.

The appropriations that the Department wishes modified are designed to conform to the statutory requirements of Section 24-22-117 (2) (d), C.R.S., and the constitutional requirements of Article 10, Section 21 (5) (d). Changes to these appropriations will only change the *presentation* of the flow of Amendment 35 moneys to the Health Disparities program, not the actual flow. The Department asserts correctly that staff omitted the statutory "Transfer to the Health Disparities Grant Program Fund" from the calculation of the "Prevention, Early Detection, and Treatment Fund Expenditures" appropriation in the Long Bill, but staff questions whether the Department's proposed fix conforms with Article 10, Section 21 (5) (d) of the constitution. Furthermore, since the "Prevention, Early Detection, and Treatment Fund Expenditures" appropriation doesn't affect the real flow of resources, staff does not believe that it is necessary to fix this appropriation supplementals. The Department's proposed change to the current Long Bill presentation of the flow of Amendment 35 dollars to the Health Disparities program is worth examining, but Staff believes that this change is a figure setting matter.

Staff Recommendation: Staff recommends that the Committee not adopt Technical Request #2.

Staff will examine this issue during figure setting and make a recommendation at that time.

Supplemental Request, Department Priority #5 Indirect Cost Recoveries

	Request	Recommendation
Total	\$0	\$0
Cash Funds	38,661	38,661
Reappropriated Funds - Fund A	(44,279)	(44,279)
Reappropriated Funds - Fund B	5,618	5,618

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?

[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]

JBC staff and the Department agree that this request is the result of data that was not available when the original appropriation was made.

Department Request: The Department requests adjustments to the indirect cost assessments in its FY 2008-09 Long Bill appropriations in order to take into account new information. Assessments involving a variety of cash and federal funds are involved. The total appropriations from these assessments will not change.

Background: The Department's indirect cost assessments allocate its overhead expenses among most of its cash- and federally-funded programs, with each program paying an assessment that is based on program expenditure. Different assessment rates apply to different types of spending; there is a rate for on-site spending and a rate for off-site spending, for example, and there are different rates for federal and cash fund expenditures.

After the Committee establishes the Department's spending levels during figure setting, the Department can accurately project its overhead expenses for the following fiscal year. It also knows the overall level of spending by cash-funded programs that pay overhead, but it does not know the spending "mix," the proportion of cash-funded spending that will be on- and off-site. The Department also does not know the level or mix of federally-funded programs.

Following figure setting, the Department submits its proposed indirect cost assessments for the fiscal year in question. JBC staff reviews these proposals and, with Committee approval, incorporates them into the Long Bill. Because of uncertainty regarding the mix of the various types of cash-fund spending and uncertainty concerning the mix and amount of federally-funded spending, these overhead assessments invariably prove inaccurate, meaning that the Department finds some of its indirect cost assessment appropriations are too large to be fully utilized and other assessment appropriations are too small. When an assessment appropriation is too small it can prevent the Department from collecting indirect costs from some of the federally funded and cash funded programs that are subject to that assessment.

With this supplemental request, the Department asks that the Long Bill be adjusted to reflect the latest available information. The numbers pages show the overall funding changes that will result from altering the 10 indirect cost assessments in question.

Staff Recommendation and request: Staff recommends that the Committee approve the Department's requested changes to its indirect cost recoveries. In addition, staff believes that the Department may later submit a common policy supplemental request. Staff requests permission to incorporate any necessary changes to indirect cost assessments into the Department's supplemental bill if such a request is submitted and common policy changes are approved by the Committee.

Supplemental Request, Department Priority #7
Refinance Administrative Costs with Indirect Cost Recoveries

	Request	Recommendation
Total	<u>(\$9,552)</u>	<u>(\$9,552)</u>
General Fund	(48,434)	(48,434)
Reappropriated Funds	38,882	38,882

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	YES
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: This Departmental FY 2008-09 request has three parts.

Part 1: Refinance S.B. 07-228 (Monitor Contracts) with indirect costs. This request increases the RF appropriation in (1) Administration and Support, (A) Administration, Personal Services by \$30,750 and decreases the General Fund appropriation by the same amount. These personal services are used to implement S.B. 07-228.

Staff Recommendation and analysis: Staff recommends that the Committee approve this request. Senate Bill 07-228 provided the Department with a General Fund appropriation for monitoring contracts, but monitoring is a department-wide function that can legitimately be financed with indirect costs.

Part 2: Refinance the Legal Services appropriation for S.B. 07-196 (Health Information Technology) with indirect costs: This request increases the RF appropriation in (1) Administration and Support, (A) Administration, Legal Services by \$8,132 and decreases the General Fund appropriation by the same amount.

Staff Recommendation and analysis: Staff recommends that the Committee approve this request. Senate Bill 07-196 provided the Department with a \$8,132 General Fund appropriation for legal services, but the Department has determined that this appropriation is not needed for FY 2008-09. The Department has legal needs that exceed its current RF appropriation for legal services and proposes that the General Fund legal services appropriation be refinanced with indirect costs, which would allow another of the Department's programs to use the appropriation.

Part 3: Reduce the General Fund appropriation for S.B. 07-196 (Health Information Technology) This request reduces the General Fund appropriation in (2) Center for Health and Environmental Information, (B) Information Technology Services by \$9,552.

Staff Recommendation and analysis: Staff recommends that the Committee approve this request. Thus far, S.B. 07-196 has not generated the work expected and the Department can do without it.

Supplemental Request, Department Priority #8
Reduce Funding for Local Public Health Programs
Statutory Change Required for Staff Recommendation

	Request	Recommendation
Total	(\$193,284)	<u>(\$193,284)</u>
FTE	(0.4)	0.4
General Fund	(193,284)	(44,214)
Cash Funds	0	(149,070)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?	YES
[An emergency or act of God; a technical error in calculating the original appropriation; data that was	
not available when the original appropriation was made; or an unforseen contingency.]	
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: There are 2 parts to this FY 2008-09 supplemental request by the Department:

Part 1: Reduce Distributions to Local Health Agencies. This request reduces the General Fund appropriations in (4) Local Health Services, (A) Local Liaison by 2.5 percent. The total General Fund reduction, divided among three Long Bill lines equals \$155,130.

Analysis: Pursuant to statute, the CDPHE allocates moneys appropriated by the General Assembly to local health departments and local nursing services to help them perform their health and environmental duties. Staff believes that a 2.5 percent reduction of the General Fund component of these appropriations is fair because it is in step with General Fund reductions elsewhere in the Department.

Some of the appropriations for distributions to local health agencies come from tobacco settlement revenues. During supplementals for tobacco settlement programs, staff compared the following two cuts to a program that receives both General Fund and tobacco settlement appropriations:

- 1. A \$1,000 cut to the program's General Fund appropriation, which frees \$1,000 to support other General Fund programs.
- 2. A \$1,000 cut to the program's tobacco appropriation followed by a \$1,000 transfer of the saved tobacco funds to the General Fund, which makes \$1,000 available to support other General Fund programs. The General Fund appropriation to the program is unchanged.

Staff noted that this technique could be used to reduce the decline in spending subject to the 6 percent limit, though it does not make any new resources available.

Staff Recommendation: Staff recommends that the Committee apply this technique to the requested reduction in General Fund appropriations to Local Health Agencies, i.e. reduce the tobacco-settlement appropriation rather than the General Fund appropriation to the extent feasible. Specifically, staff recommends that

- 1. The General Fund appropriation for "Environmental specialists in areas not served by local health departments" be reduced by \$6,060, the amount requests. This line item has no tobacco settlement appropriations.
- 2. The appropriations of tobacco settlement dollars for "Public Health Nurses in areas not served by local health departments" and "Local, District and Regional Health Department Distributions pursuant to Section 25-1-516, C.R.S." be proportionately reduced by a combined \$149,070, which equals the requested General Fund reduction. The saved tobacco funds will then be transferred to the General Fund, which requires a bill.

Appropriations subject to the 6% limit will be \$149,070 higher than they would be with the Department's request.

Part 2: Reduce Community Nursing Support Services. This request reduces the General Fund appropriations in (4) Local Health Services, (B) Community Nursing by 2.5 percent. The total General Fund reduction equals \$38,154 and 0.4 FTE.

.

Staff Recommendation: Staff recommends that the Committee approve the Department's request. Staff believes that a 2.5 percent reduction of the General Fund component of these appropriation is fair because it is in step with General Fund reductions elsewhere in the Department.

Supplemental Request, Department Priority #10 Reduce/Eliminate Hepatitis C Program

	Request	Recommendation
Total	(\$65,000)	(\$65,000)
General Fund	(65,000)	(65,000)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	YES
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department requests that the Committee eliminate funding for the Department's Hepatitis C program, which has a \$200,000 General Fund appropriation. In FY 2008-09, this will reduce General Fund appropriations by \$65,000. In subsequent years the savings will be \$200,000 General Fund.

Background on the Hepatitis C Program: Hepatitis C is an infectious liver disease that is spread by blood-to-blood contact. It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Prior to the identification of the virus in the latter 1980's and the development of tests to screen blood in the early 1990's, many infections were the result of blood transfusions or the use of blood products, such as clotting factors. Most new cases today are the result of sharing needles or other drug paraphernalia. There is no vaccine for hepatitis C – the disease is best prevented by avoiding intravenous drug use and other risky behaviors.

Acute hepatitis C virus infection is a short-term illness that occurs within a few months after exposure to the virus. For many people, acute infection leads to chronic infection, a serious condition than can result in long-term health problems, or even death.

Colorado's Hepatitis C Program was added to statute in 1999 by H.B. 99-1118. Much of the program's appropriation is allocated to a single contractor who provides education services for high risk groups. This education is designed to reduce risky behavior and slow the spread of the disease. The contractor also provides education and support for those living with hepatitis C and provides

hepatitis C education for medical professionals. In addition, the hepatitis C program pays for some hepatitis C testing.

The Department believes that the annual number of newly acquired hepatitis C infections in Colorado is relatively low. In support of this conclusion, the Department notes that there were only 24 diagnosed acute infections of hepatitis C in Colorado last year. There were undoubtedly other undiagnosed acute infections, but the Department believes the number of diagnosed acute is a good indicator of a low overall rate of new infection. In addition, the Department is uncertain of the effectiveness of education programs targeting those at highest risk for the disease. There is little evidence that such education programs slow the spread of the disease among those most at risk. The Department also notes that the testing conducted with hepatitis C program funds detects only two percent of the total number of hepatitis C cases that are detected statewide. The Department also indicates that it will still be monitoring hepatitis C through its general disease surveillance programs. If rates of new infection were to spike, CDPHE would redirect its resources and respond accordingly.

When the Department compared this program with its other infectious disease fighting efforts, it concluded that the threat posed by hepatitis C to the citizens of Colorado was not great enough warrant continuation of a dedicated program during a time of declining state resources. The Department notes that without this program, there will still be other hepatitis C resources available to Colorado citizens through the state's exiting health-care infrastructure.

Staff contacted a group of directors of local Colorado health departments and these directors indicated that, while they would be sorry to see a health program go away, the elimination of this program will have little impact on the public health programs that they conduct.

Staff Recommendation: Staff recommends that the Committee approve the Department's request and eliminate the Hepatitis C program.

Supplemental Request, Department Priority #11 Reduce Administration Support for Prevention Programs

	Request	Recommendation
Total	<u>(\$5,983)</u>	<u>(\$5,983)</u>
General Fund	(5,983)	(5,983)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?	YES
[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department requests that the FY 2008-09 appropriation for (10) Prevention Services Division, (A) Prevention Programs, (1) Programs and Administration, Personal Services be reduced by \$5,983 General Fund.

Staff Analysis: The Department's prevention programs seek to reduce disease and injuries through prevention and education. The program that is to be reduced with this supplemental provides overall support for the division's prevention programs, and also provides staff and funding for the administration of several federal grant programs. The Department indicates that it has enough flexibility to move employees out of this function and give them other duties; most likely they will work on some of the Department's many federal grants. The Department will not eliminate any staff as a result of this reduction.

Staff Recommendation: Staff recommends that the Committee approve the Department's request.

Supplemental Request, Department Priority #12 Reduce Funding for Interagency Prevention Program Coordination

	Request	Recommendation
Total	<u>(\$22,943)</u>	(\$22,943)
FTE	0.0	0.0
General Fund	(22,943)	(22,943)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	YES
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department requests a 10 percent reduction in the FY 2008-09 General Fund appropriation for Interagency Prevention Programs Coordination, a total of \$22,943.

Staff Analysis: The Interagency Prevention Systems Program implements Section 25-20.5-101 through 109, C.R.S. It handles the coordination of prevention, intervention and treatment services for children and youth. Programs are located in five state agencies. Statute directs the Division to: (a) develop a state plan for delivery of prevention, intervention and treatment services to children and youth throughout the state, (b) identify performance indicators for prevention, intervention, and treatment programs, (c) act as a liaison with communities throughout the state, assisting them in their efforts to assess their needs and to secure funding and provide technical assistance in the implementation of appropriate prevention, intervention and treatment programs, (d) operate prevention and intervention programs for children and youth, (e) review federal funding guidelines and seeking waivers to promote the greatest flexibility in awarding combined program funding to community-based prevention, intervention and treatment programs, (f) develop a website with information on existing programs and potential funding sources, (g) develop uniform minimum standards for the operations of prevention/intervention programs and (i) an annual review of programs.

Staff Recommendation: Staff recommends that the Committee approve the Department's request.

Supplemental Request, Department Priority #14 Reduce Funding for School Based Health Centers

	Request	Recommendation
Total	(\$25,000)	(\$25,000)
General Fund	(25,000)	(25,000)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	YES
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department requests that the FY 2008-09 General Fund appropriation for (10) Prevention Services Division, (E) Family and Community Health, (2) Child, Adolescent, and School Health, School-based Health Centers be reduced by 2.5%, which amounts to \$25,000.

Staff Analysis: House Bill 06-1396 created a grant program within CDPHE for the support of school-based health centers and funded it with an appropriation of \$500,000 General Fund and 0.7 FTE. Eligible health centers provide standard clinic services on school district property. The centers

are run by the school districts in cooperation with other health service providers such as hospitals, medical providers, and community health centers. The Centers provide provide standard clinic services on school property. The centers are run by school districts in cooperation with other health service providers such as hospitals and community health centers. The centers received \$500,000 in the 2007-08 Long Bill and received \$1 million in the FY 2008-09 long bill.

The Department believes it can avoid cutting either the number of providers or the size of the grants. It plans to fill in with its federal grant money.

Staff Recommendation: Staff recommends that the Committee approve the Department's request.

Supplemental Request, Department Priority #15 Reductions to the Ryan White Aids Drug Assistance Program

	Request	Recommendation
Total	(\$65,000)	<u>(\$65,000)</u>
General Fund	(65,000)	0
Cash Funds	0	(65,000)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria?	YES
[An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department requests that the FY 2008-09 General Fund appropriation to the AIDS Drug Assistance Program be reduced by \$65,000.

Staff Analysis: The federal Ryan White CARE Act funds primary care and support services for individuals living with HIV and AIDS who lack health insurance and financial resources to pay for their care. Drug assistance, ambulatory health care, and support services are the primary focus of the program, but training and technical assistance for providers is also funded. Services are provided through five regional consortia (associations of organizations) within the state and include primary care, dental care, mental health care, substance abuse counseling, transportation, hospice care, emergency services, drug assistance, food bank, respite care assistance, adoption and foster care, and nutrition counseling. The program provides AIDS/HIV medications at no cost on an outpatient basis

to Colorado residents who are not covered by private insurance, are not eligible for Medicaid and have incomes at or below 300 percent of federal poverty level. About 70 percent of federal Ryan White CARE Act funds go for drug assistance.

This item is similar to the requested reductions to Local Public Health discussed above. Specifically, the following adjustments will both reduce program resources by \$65,000, but the second option will result in General Fund appropriations subject to the 6 percent limit that are \$65,000 higher:

- 1. A \$65,000 cut to the program's General Fund appropriation.
- 2. A \$65,000 cut to the program's tobacco appropriation followed by a \$65,000 transfer of the saved tobacco funds to the General Fund.

Staff Recommendation: Staff recommends that the Committee apply this technique to the requested reduction in General Fund appropriations to AIDS Drug Assistance Program, i.e. staff recommends that the Committee reduce the tobacco-settlement appropriation rather than the General Fund appropriation. Appropriations subject to the 6% limit would be \$165,000 higher than they would be with the Department's request.

Staff Recommendation: Staff recommends that the Committee approve the Department's request.

Supplemental Request, Department Priority #16 Hiring Freeze

	Request	Recommendation
Total	(\$192,952)	(\$192,952)
FTE	0.0	(2.9)
Cash Funds	(130,598)	(130,598)
Reappropriated Funds	(50,861)	(50,861)
General Fund	(11,493)	(11,493)

Does JBC staff believe the request meets the Joint Budget Committee's supplemental criteria? [An emergency or act of God; a technical error in calculating the original appropriation; data that was not available when the original appropriation was made; or an unforseen contingency.]	YES
JBC staff and the Department agree that this request is the result of an unforseen contingency.	

Department Request: The Department has implemented a hiring freeze that has created savings within the Department's budget. The Department requests that the appropriations for its health and administrative divisions be reduced by a total of \$192,952 as a result of these savings, which are presented in the numbers pages.

Staff Recommendation and analysis: Staff estimates that 2.9 FTE have not been hired as a result of the hiring freeze. The reduction in the Administration Division involved personal services contracts, so there were no FTE involved. **Staff recommends that the Committee approve the dollar amount of the Department's request and also reduce the appropriation by 2.9 FTE as shown in the numbers pages.**

Non-Prioritized Supplementals

Previously Approved Interim Supplemental Lease for Denver Emission Technical Center

	Previously Approved
Total	<u>\$21,053</u>
General Fund	0
Cash Funds	21,053
Reappropriated Funds	0
Federal Funds	0

Description of Supplemental: The JBC approved an additional FY 2008-09 appropriation of \$21,053 cash funds to cover increased lease costs for the Air Quality Control Division's Denver Emission Technical Center at 2450 West Second Avenue. The appropriation is part of the Lease Space appropriation in (1) Administration, (A) Administration and Support, which has a total appropriation of \$5,069,896. Funding will be from the Department of Public Health and Environment subaccount of the Automobile Inspection and Readjustment Account of the Highway Users Tax Fund established in Section 42-3-304 (18) (c), C.R.S. The Department operates the Denver Emission Technical Center under the provisions of Section 42-4-307 (3), C.R.S. Pursuant to statute, staff at the Center (1) conduct diagnostic exams of high-pollution vehicles to determine the appropriate course of repair or maintenance to reduce emissions, (2) provide telephone consultations for thousands of Denver area citizens who have questions about vehicle emissions, and (3) provide emission repair advice and training to the automotive industry.

The rules governing interim supplementals in Section 24-75-109 (5), C.R.S., require the Committee to introduce all interim supplementals that it approves. Staff will include this supplemental in the Department's supplemental bill.

Statewide Common Policy Supplemental Requests

Staff Recommendation: Neither the Department nor OSPB has submitted statewide supplemental requests, but these requests may be received in the near future. If requests are submitted, they will be presented to the Committee by the Common Policy analyst. **Staff asks permission to include the corresponding appropriations in the Department's supplemental bill if the Committee approves a common policy supplemental.** If staff believes there is reason to deviate from the common policy, staff will appear before the Committee later to present the relevant analysis.

Cash Fund Transfers

Department Requested Transfer, OSPB #5 Transfer from the Prevention, Early Detection, and Treatment Fund

The Department has proposed a \$4,904,341 transfer to the General Fund from the Prevention, Early Detection, and Treatment Fund, which obtains revenues from Amendment 35 tobacco taxes. Because Amendment 35 revenues are subject to constitutional restrictions, JBC staff will later make a single presentation dealing with the use of revenue from this source.

Department Requested Transfer, OSPB #7 Transfer from the Short Term Innovative Health Program Grant Fund Statutory Change Required

FY 2008-09	Request	Recommendation
Transfer from the Short Term Innovative Health		
Program Grant Fund to General Fund	\$4,352,319	\$4,352,319

Staff Analysis: The Department requests a FY 2008-09 transfer of \$4,352,319 from the Short Term Innovative Health Program Grant Fund to the General Fund followed by annual transfers of \$1,558,984 until FY 2001-12.

This program was added to statute by S.B. 07-97. It receives tobacco settlement moneys. To date the program has made very few grants. The Department envisions that the grant program will operate at a relatively low level in FY 2008-09, expending \$962,000 and continue operating at a relatively low level in subsequent years, expending \$641,016. Staff believes that the Department's FY 2008-09 revenue and expenditure estimates are reasonable but that FY 2009-10 and FY 2010-11 revenue estimates are far too conservative. Thus this fund could potentially be a substantially larger source of transfers in future years.

Short Term Innovative Health Program Grant Fund Department Request and Staff Recommendation								
	FY 2007-08 Actual	FY 2008-09 Estimate	FY 2009-10 Estimate	FY 2010-11 Estimate				
Beginning FY Balance	\$0	\$209,265	\$0	\$0				
Revenues	1,042,205	5,105,054	2,200,000	2,200,000				
Expenditures	(832,940)	(962,000)	(641,016)	(641,016)				
Ending FY Balance without transfer	\$209,265	\$4,352,319	\$1,558,984	\$1,558,984				
Proposed Transfer	<u>0</u>	(4,352,319)	(1,558,984)	(1,558,984)				
Ending Balance after transfer	\$209,265	\$0	\$0	\$0				

Staff recommendation: Staff recommends that the Committee sponsor a bill to transfer \$4,352,319 from the Short Term Innovative Health Program Grant Fund to the General Fund. Staff recommends that the bill also contain provisions to limit expenditures by the Grants program.

Department Requested Transfer, OSPB #21 Transfer from Medical Marijuana Program Cash Fund Statutory Change Required

FY 2008-09	Request	Recommendation
Transfer from Medical Marijuana Program Cash		
Fund to the General Fund	\$258,000	\$258,000

Staff Analysis: The Department requests a FY 2008-09 transfer of \$258,735 from the Medical Marijuana Program Cash Fund to the General Fund followed by annual transfers of \$40,000 until FY 2001-12.

This program receives a \$110 fee from patients seeking medical marijuana identification cards. The level of the fee is set by the State Board of Health.

Short Term Innovative Health Program Grant Fund Department Request and Staff Recommendation							
	FY 2007-08 Actual	FY 2008-09 Estimate	FY 2009-10 Estimate	FY 2010-11 Estimate			
Beginning FY Balance	\$91,536	\$207,251	\$0	\$0			
Revenues	253,407	251,484	250,000	250,000			
Expenditures	(137,692)	(200,000)	(210,000)	(220,000)			
Ending FY Balance without transfer	\$207,251	\$258,735	\$40,000	\$30,000			
Proposed Transfer	<u>0</u>	(258,735)	(40,000)	(40,000)			
Ending Balance after transfer	\$207,251	\$0	\$0	(\$10,000)			

Staff recommendation: Staff recommends that the Committee sponsor a bill to transfer \$258,735 from the Short Term Innovative Health Program Grant Fund to the General Fund. Staff is skeptical of the proposed future transfers of \$40,000. Staff believes that the State Board of Health should adjust the fee every couple of years to better manage the fund balance.

FY 2007-08	Fiscal Year 2008-09 Supplemental			
Actual	Annuanviation	Requested	Recommended	New Total with
Actual	Actual Appropriation	Change	Change	Recommendation
DEPARTMENT OF PUBLIC HEALTH AND ENVIRON	MENT			
Executive Director - James Martin				
Supplemental #1 - Administration and Support - Leased St	naca			

Supplemental #1 - Administration and Support - Leased Space

The Committee approved this interim supplemental in September. It is presented among the non-prioritized supplementals.

(A) Medicaid/Medicare Certification Program Personal Services FTE	6,830,127	6,218,611	0	0	< 01 0 < 13
FTE	, ,		U	U	6,218,61
	89.7	97.4	0.0	0.0	97.
CFE/RF	3,410,312	3,656,939	0	0	3,656,93
Federal Funds	3,419,815	2,561,672	0	0	2,561,67
Medicaid Cash Funds	3,410,312	3,656,939	0	0	3,656,93
General Fund in Medicaid Cash Funds	1,023,094	1,096,498	58,116	58,116	1,154,61
Net General Fund	1,023,094	1,096,498	58,116	58,116	1,154,61
upplemental #3 - Administration and Supp (1) Administration and Support (A) Administration	ort - Operating				

	FY 2007-08	FY 2008-09	Fiscal Year 2008-09 Supplemental		emental
	Actual	Annropriation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Supplemental #4 - Technical Corrections					
Correction 1, Letternote					
(1) Administration and Support					
(A) Administration					
Various Lines	N.A.	N.A.	0	0	N.A
Correction 2, Health Disparities					
(1) Administration and Support					
(B) Special Health Programs					
(1) Health Disparities Program					
Personal Services	195,653	409,875	0	0	409,875
FTE	3.3	6.3	0.0	0.0	6.3
General Fund	0		0	0	51,309
Cash Funds	0	0	358,566	0	0
Cash Funds Exempt/RF	195,653	358,566	(358,566)	0	358,566
Operating Expenses	43,845	65,838	<u>0</u>	<u>0</u>	65,838
General Fund	0	6,931	0	0	6,931
Cash Funds	0	0	58,907	0	0
Cash Funds Exempt/RF	43,845	58,907	(58,907)	0	58,907
Health Disparities Grants	<u>2,365,458</u>	7,379,186	<u>0</u>	<u>0</u>	<u>7,379,186</u>
Cash Funds	0	0	7,379,186	0	0
Cash Funds Exempt/RF	2,365,458	7,379,186	(7,379,186)	0	7,379,186
Total for Supplemental 2, Part 2	2,604,956	7,854,899	0	0	7,854,899

26-Jan-09 - 21 - PHE-sup

	FY 2007-08	FY 2008-09	Fiscal Y	Fiscal Year 2008-09 Supplemental	
	Actual	Appropriation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
FTE	<u>3.3</u>	<u>6.3</u>	<u>0.0</u>	<u>0.0</u>	<u>6.3</u>
General Fund	0	58,240	0	0	58,240
Cash Funds	0	0	7,796,659	0	0
Cash Funds Exempt/RF	2,604,956	7,796,659	(7,796,659)	0	7,796,659
Supplemental #5 - Indirect Cost Recover	ies				
(1) Administration and Support					
(A) Administration					
Indirect Cost Assessment	269,227	244,176	98,676	98,676	342,852
Cash Funds	51,565	51,565	158,435	158,435	210,000
Cash Funds Exempt/RF	41,759	65,759	(59,759)	(59,759)	·
Federal Funds	175,903	126,852	0	0	126,852
(2) Center for Health and Environmental	Information				
(C) Indirect Cost Assessment					
Indirect Cost Assessment	602,040	688,522	153,699	153,699	842,221
Cash Funds	311,669	382,979	118,021	118,021	501,000
Cash Funds Exempt/RF	16,410	2,000	35,678	35,678	37,678
Federal Funds	273,961	303,543	0	0	303,543
(3) Laboratory Services					
(A) Director's Office					
Indirect Cost Assessment	1,220,316	1,293,476	<u>195,416</u>	195,416	1,488,892
Cash Funds	766,376	1,042,312	208,569	208,569	1,250,881

	FY 2007-08	FY 2008-09	Fiscal Year 2008-09 Supplemental		emental
	Actual	Annuanviation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Cash Funds Exempt/RF	0	33,153	(13,153)	(13,153)	20,000
Federal Funds	453,940	218,011	0	(13,133)	218,011
(4) Local Health Services					
(B) Community Nursing					
Indirect Cost Assessment	38,630	39,485	1,439	1,439	40,924
Cash Funds	0	0	0	0	0
Cash Funds Exempt/RF	0	0	0	0	0
Federal Funds	38,630	39,485	1,439	1,439	40,924
(5) Air Quality Control Division					
(A) Administration					
Indirect Cost Assessment	2,199,239	<u>2,624,743</u>	(198,219)	(198,219)	<u>2,426,524</u>
Cash Funds	1,067,781	2,313,464	(198,219)	(198,219)	2,115,245
Cash Funds Exempt/RF	668,914	0	0	0	0
Federal Funds	462,544	311,279	0	0	311,279
(6) Water Quality Control Division					
(A) Administration					
Indirect Cost Assessment	1,861,797	1,844,340	(129,340)	(129,340)	1,715,000
Cash Funds	607,778	994,180	(14,180)	(14,180)	980,000
~	22,231	0	0	0	0
Cash Funds Exempt/RF			(115,160)	(115,160)	735,000

	FY 2007-08	FY 2008-09	Fiscal Y	ear 2008-09 Supple	mental
	Actual	Appropriation -	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
(A) Division Director's Office					
Indirect Cost Assessment	1,747,412	2,050,621	(229,621)	(229,621)	<u>1,821,000</u>
Cash Funds	826,141	1,357,576	(222,576)	(222,576)	1,135,000
Cash Funds Exempt/RF	34,890	43,045	(7,045)	(7,045)	36,000
Federal Funds	886,381	650,000	0	0	650,000
(8) Consumer Protection					
Indirect Cost Assessment	<u>152,835</u>	222,281	(14,458)	(14,458)	207,823
Cash Funds	102,221	164,458	(14,458)	(14,458)	150,000
Cash Funds Exempt/RF	0	7,000	0	0	7,000
Federal Funds	50,614	50,823	0	0	50,823
(9) Disease Control and Environmental					
Epidemiology Division,					
(A) Administration, General Disease					
Control and Surveillance					
Indirect Cost Assessment	3,290,144	3,052,328	33,000	33,000	<u>3,085,328</u>
Cash Funds	0	2,000	33,000	33,000	35,000
Cash Funds Exempt/RF	5,606	0	0	0	0
Federal Funds	3,284,538	3,050,328	0	0	3,050,328
(11) Health Facilities and Emergency					
Medical Services Division					
(D) Indirect Cost Assessment	1,244,002	1,703,352	89,408	89,408	<u>1,792,760</u>
Cash Funds	140,969	544,931	(29,931)	(29,931)	515,000
Cash Funds Exempt/RF	447,654	552,760	0	0	552,760

	FY 2007-08	FY 2008-09	Fiscal Y	ear 2008-09 Supple	emental
	A otroal		Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Federal Funds	655,379	605,661	119,339	119,339	725,000
Total for Supplemental #5	12,625,641	13,763,324	<u>0</u>	0	13,763,324
Cash Funds	3,874,501	6,853,465	38,661	38,661	6,892,126
Cash Funds Exempt/RF	1,237,464	703,717	(44,279)	(44,279)	659,438
Federal Funds	7,513,677	6,206,142	5,618	5,618	6,211,760
Supplemental #7 - Refinance Administra	ntive Costs with Inc	lirect Cost Recov	eries		
Part 1: Refinance S.B. 07-228 (Monitor of	Contracts) with ind	lirect costs			
(1) Administration and Support					
(A) Administration					
Personal Services	5,043,271	4,612,837	0	0	4,612,837
FTE	<u>58.4</u>	<u>60.4</u>	0.0	0.0	<u>60.4</u>
General Fund	0	30,750	(30,750)	(30,750)	0
Cash Funds	89,959	82,570	0	0	82,570
Cash Funds Exempt/RF	4,874,298	4,499,517	30,750	30,750	4,530,267
Federal Funds	79,014	0	0	0	0
Part 2: Refinance the Legal Services app	propropriation for	S.B. 07-196 (Heal	th Information	Technology) with in	ndirect costs
(1) Administration and Support (A) Administration					
Legal Services for 25,742 hours	1,470,856	1,936,105	<u>0</u>	<u>0</u>	1,936,105
General Fund	8,132	8,132	(8,132)	(8,132)	0
Cash Funds	99,989	802,881	0	0	802,881

	FY 2007-08	FY 2008-09	Fiscal Y	ear 2008-09 Supple	emental
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation
Cash Funds Exempt/RF	1,283,935	933,224	8,132	8,132	941,356
Federal Funds	78,800	191,868	0,132	0,132	191,868
Part 3: Reduce the General Fund appropri	riation for S.B. 07	-196 (Health Info	ormation Techn	ology)	
(2) Center for Health and Environmental I					
(B) Information Technology Services					
Personal Services	2,353,545	2,216,106	(9,552)	(9,552)	<u>2,206,554</u>
General Fund	0	9,552	(9,552)	(9,552)	0
Cash Funds	137,334	166,096	0	0	166,096
Cash Funds Exempt/RF	1,919,293	1,756,940	0	0	1,756,940
Federal Funds	296,918	283,518	0	0	283,518
Total for Supplemental #7	8,867,672	8,765,048	(9,552)	(9,552)	8,755,496
FTE	<u>58.4</u>	<u>60.4</u>	0.0	0.0	60.4
General Fund	8,132	48,434	(48,434)	(48,434)	0
Cash Funds	327,282	1,051,547	0	0	1,051,547
Cash Funds Exempt/RF	8,077,526	7,189,681	38,882	38,882	7,228,563
Federal Funds	454,732	475,386	0	0	475,386
Supplemental #8 - Local Health Services					
Part 1: Reduce funding for Local Public F	Health Programs				
(4) Local Health Services	9				
(A) Local Liaison					

	FY 2007-08	FY 2008-09	Fiscal Y	ear 2008-09 Supple	emental
	Actual	Appropriation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Public Health Nurses in areas not served by					
local health departments	962,731	1,425,663	(24,070)	(24,070)	1,401,593
General Fund	962,731	962,731	(24,070)	0	962,731
Cash Funds	0	0	0	(24,070)	· · · · · · · · · · · · · · · · · · ·
Cash Funds Exempt/RF	0	462,932	0	0	462,932
Environmental specialists in areas not					
served by local health departments	242,358	242,358	(6,060)	(6,060)	236,298
General Fund	242,358	242,358	(6,060)	(6,060)	236,298
Cash Funds	0	0	0	0	0
Cash Funds Exempt/RF	0	0	0	0	0
Local, District and Regional Health					
Department Distributions pursuant to					
Section 25-1-516, C.R.S.	6,238,748	7,243,313	(125,000)	(125,000)	7,118,313
General Fund	5,000,000	5,000,000	(125,000)	0	5,000,000
Cash Funds	0	2,243,313	0	(125,000)	2,118,313
Cash Funds Exempt/RF	1,238,748	0	0	0	0
Part 2: Reduce Community Nursing Support	t Services				
(4) Local Health Services					
(B) Community Nursing					
Personal Services	501,719	474,110	(38,154)	(38,154)	435,956
FTE	5.0	5.4	(0.4)	(0.4)	· ·
General Fund	278,538	251,832	(38,154)	(38,154)	
Federal Funds	223,181	222,278	0	0	222,278

	FY 2007-08	FY 2008-09	Fiscal Y	ear 2008-09 Supple	emental
	Actual	Annroppiation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Total for Supplemental #8	7,945,556	9,385,444	(193,284)	(193,284)	9,192,160
FTE	<u>5.0</u>	<u>5.4</u>	(0.4)	(0.4)	5.0
General Fund	6,483,627	6,456,921	$(193, \overline{284})$	$(44,\overline{214})$	6,412,707
Cash Funds	0	2,243,313	0	(149,070)	2,094,243
Cash Funds Exempt/RF	1,238,748	462,932	0	0	462,932
Federal Funds	223,181	222,278	0	0	222,278
Supplemental 10: Reduce/Eliminate Hepatiti (9) Disease Control and Environmental Epide (A) Administration, General Disease Control and Surveillance Operating Expenses General Fund Cash Funds Federal Funds	0	375,995 255,616 6,538 113,841	(65,000) (65,000) 0 0	(65,000) (65,000) 0	310,995 190,616 6,538 113,841
Supplemental 11: Reduce Administration Su (10) Prevention Services Division (A) Prevention Programs (1) Programs and Administration	pport for Prev	ention Programs			
Personal Services	1,756,656	1,603,792	(5,983)	(5,983)	1,597,809
FTE	22.3	<u>23.7</u>	0.0	<u>0.0</u>	23.7
General Fund	148,470	119,661	(5,983)	(5,983)	113,678

	FY 2007-08					
	Actual	Appropriation	Requested Change	Recommended Change	New Total with Recommendation	
			9			
Cash Funds Exempt/RF	719,854	669,447	0	0	669,447	
Federal Funds	888,332	814,684	0	0	814,684	
Supplemental 12: Reduce Funding for Inte	ragency Prevent	ion Program Coo	ordination			
(10) Prevention Services Division	g					
(D) Prevention Partnership						
(1) Interagency Prevention Programs Coord	dination					
Personal Services - GF	245,354	229,426	(22,943)	(22,943)	206,483	
FTE	3.1	3.2	0.0	0.0	3.2	
Supplemental 14: Reduce Funding for Scho	ool Based Health	Centers				
(10) Prevention Services Division(E) Family and Community Health(2) Child, Adolescent, and School HealthSchool-based Health Centers - GFFTE	499,810 0.4	999,810 0.7	(25,000) 0.0	(25,000) 0.0	974,810 0.7	

	FY 2007-08 FY 2008-09		Fiscal Y	ear 2008-09 Supple	mental
	Actual	Annuanuiation	Requested	Recommended	New Total with
	Actual	Appropriation	Change	Change	Recommendation
Cash Funds	0	3,727,624	0	(65,000)	3,662,624
Cash Funds Exempt/RF	3,151,836	0	0	0	0
Federal Funds	11,365,511	7,972,000	0	0	7,972,000
Supplemental 16: Hiring Freeze					
(1) Administration and Support					
(A) Administration					
Personal Services	5,043,271	4,612,837	(44,500)	(44,500)	4,568,337
FTE	58.4	60.4	0.0	0.0	60.4
General Fund		30,750		0	30,750
Cash Funds	89,959	82,570	0	0	82,570
Cash Funds Exempt/RF	4,874,298	4,499,517	(44,500)	(44,500)	4,455,017
Federal Funds	79,014	0	0	0	0
(11) Health Facilities and Emergency					
Medical Services Division					
(A) Licensure					
(1) Health Facilities General Licensure					
Personal Services	466,909	1,076,672	(90,920)	(90,920)	985,752
FTE	6.5	<u>16.4</u>	0.0	(1.8)	14.6
General Fund	155,354	150,245	0	0	150,245
Cash Funds	311,555	926,427	(90,920)	(90,920)	835,507
Cash Funds Exempt/RF	0	0	0	0	0
Federal Funds	0	0	0	0	0
	v	v			

FY 2007-08 FY 2008-09		Fiscal Year 2008-09 Supplemental		
Actual	A nnuanuiatia	Requested	Recommended	New Total with
Actual	Appropriation	Change	Change	Recommendation
ı				
6,830,127	6,218,611	(17,854)	(17,854)	6,200,757
89.7	97.4	0.0	(0.4)	97.0
0	0	0	0	0
0	0	0	0	0
3,410,312	3,656,939	(6,361)	(6,361)	3,650,578
3,419,815	2,561,672	(11,493)	(11,493)	2,550,179
ertification Serv	vices			
1,076,051	1,129,855	(39,678)	(39,678)	1,090,177
<u>11.0</u>	<u>12.9</u>	0.0	(0.7)	<u>12.2</u>
0	0	0	0	0
17,261	1,129,855	(39,678)	(39,678)	1,090,177
1,058,790	0	0	0	0
0	0	0	0	0
13,416,358	13,037,975	(192,952)	(192,952)	12,845,023
165.6	187.1	0.0	• • • • • • • • • • • • • • • • • • • •	184.2
155,354	180,995	0	0	180,995
418,775	2,138,852	(130,598)	(130,598)	2,008,254
9,343,400	8,156,456	(50,861)	(50,861)	8,105,595
3,498,829	2,561,672	(11,493)	(11,493)	2,550,179
	89.7 0 3,410,312 3,419,815 ertification Served 1,076,051 11.0 0 17,261 1,058,790 0 13,416,358 165.6 155,354 418,775 9,343,400	6,830,127 6,218,611 89.7 97.4 0 0 0 3,410,312 3,656,939 3,419,815 2,561,672 ertification Services 1,076,051 1,129,855 11.0 12.9 0 0 17,261 1,129,855 1,058,790 0 0 13,416,358 13,037,975 165.6 187.1 155,354 180,995 418,775 2,138,852 9,343,400 8,156,456	Actual Appropriation Change 6,830,127 6,218,611 (17,854) 89.7 97.4 0.0 0 0 0 3,410,312 3,656,939 (6,361) 3,419,815 2,561,672 (11,493) ertification Services (1,076,051) 1,129,855 (39,678) 11.0 12.9 0.0 0 17,261 1,129,855 (39,678) 1,058,790 0 0 0 0 0 0 0 13,416,358 13,037,975 (192,952) (165.6) 187.1 0.0 155,354 180,995 0 0 418,775 2,138,852 (130,598) 9,343,400 8,156,456 (50,861)	Actual Appropriation Change Change 6,830,127 6,218,611 (17,854) (17,854) 89.7 97.4 0.0 (0.4) 0 0 0 0 0 0 0 0 3,410,312 3,656,939 (6,361) (6,361) 3,419,815 2,561,672 (11,493) (11,493) extification Services 1,076,051 1,129,855 (39,678) (39,678) 11.0 12.9 0.0 0 0 17,261 1,129,855 (39,678) (39,678) 1,058,790 0 0 0 0 0 0 0 13,416,358 13,037,975 (192,952) (192,952) 165.6 187.1 0.0 (2.9) 155,354 180,995 0 0 418,775 2,138,852 (130,598) (130,598) 9,343,400 8,156,456 (50,861) (50,861)

ental
otal with
nendation
5,090,949
0.0
(
173,193
4,879,368
38,388
10,947,106
756.6
22,394,897
495,000
30,092,253
68,756,701
89,208,255

	FY 2007-08	FY 2008-09	Fiscal Y	Year 2008-09 Supplemental		
	Actual	Annuanniation	Requested	Recommended	New Total with	
	Actual	Appropriation	Change	Change	Recommendation	
Department of Health Care Policy and Finan						
Supplemental #2a - Adjustment to Medicaid	l Funding for C	CDPHE Survey ar	nd Certification			
(11) Executive Director's Office						
(B) Transfers to Other Departments						
Transfer to CDPHE for Survey and						
Certification	4,052,138	4,932,027	0	0	4,932,027	
General Fund	1,040,488	1,300,605	58,116	58,116	1,358,721	
Federal Funds	3,011,650	3,631,422	(58,116)	(58,116)	3,573,306	