



DEPARTMENT OF HEALTH CARE POLICY & FINANCING

*FY 2011-12 Budget Reduction Proposal
January 25, 2011*

*Susan E. Birch
Executive Director*

BA-10 Indigent Care Program Reductions

Proposal:

The Department requests a total reduction of \$875,474 and 0.2 FTE in FY 2011-12 and FY 2012-13 from two reductions to Indigent Care Programs. First, the Department proposes to suspend the Comprehensive Primary and Preventive Care Grants Program and the associated 0.2 FTE in FY 2011-12 and FY 2012-13, resulting in cash fund savings of \$875,474 which will be used as General Fund offset in Medical Services Premiums. Second, the Department proposes to use \$5,000,000 in FY 2011-12 and \$100,000 in FY 2012-13 from the Supplemental Old Age Pension Health and Medical Care Fund to offset General Fund expenditures in Medical Services Premiums.

Summary of Request:

- The Comprehensive Primary and Preventive Care Grants Program increases access to primary care for low-income and uninsured individuals by making block grants to clinics that treat relatively high numbers of medically indigent patients. Grants can be used for capital construction and practitioner acquisition. This program is allocated 3% of the total Tier 1 Tobacco Master Settlement funding received by the State annually (up to \$5,000,000).
 - This grant has been suspended since FY 2009-10 through SB 09-210 and HB 10-1323. In its base budget, the Department requested the full reinstatement of the grant program and an appropriation of \$866,075 cash funds. The Department is proposing to suspend this grant program in FY 2011-12 and FY 2012-13.
 - In addition, the Department would eliminate the 0.2 FTE associated with the administration of the Comprehensive Primary and Preventive Care Grants Program. The Department assumes that it can utilize this reduction as a General Fund offset to services in the Medical Services Premiums line item, as the funding is only administrative once appropriated to individual lines. By reducing the appropriations for administration of this program, the Department is making additional Cash Funds available. The savings associated with this 0.2 FTE are \$9,399 in FY 2011-12 and in FY 2012-13.
- The Services for Old Age Pension State Medical Program Clients line item, also known as the Old Age Pension Health and Medical Care Program, provides limited medical care for non-Medicaid eligible individuals receiving Old Age Pension grants. This program is 100% State-funded and is not an entitlement. Eligible recipients are over the age of sixty and ineligible for Medicaid. The Old Age Pension State Medical Program is funded through the \$10,000,000 Old Age Pension Health and Medical Care Fund established in Article XXIV of the constitution and the Supplemental Old Age Pension Health and Medical Care Fund established at 25.5-2-101, C.R.S. (2010). With the passage of HB 05-1262 in 2005, the General Assembly allocated 50% of the 3% allocation to the Supplemental Old Age Pension Health and Medical Care Fund. Effective July 1, 2009, this allocation was changed to \$2,850,000 pursuant to SB 08-131.

- As of April 15, 2009, the reimbursement rate is 65% of the Medicaid rate for the following expenditure categories: practitioner/physician services, outpatient claims, dental, medical supplies, home health care services, transportation, and independent laboratory claims. Reimbursement is 75% of the Medicaid rate for pharmacy claims.
- Between FY 2006-07 and FY 2009-10, caseload in this program decreased by 16% due to numerous policy changes. Currently the Department is projecting moderate caseload growth for the next three years.
- As a result of relatively low reimbursement and moderate caseload growth, the Department does not anticipate spending the full constitutional and statutory allocations to this program. The Department is requesting a reduction of \$5,000,000 in FY 2011-12 and \$100,000 in FY 2012-13 to the Supplemental Old Age Pension Health and Medical Care Fund. The Department would offset an equal amount of General Fund in the Medical Services Premiums line item.

Assumptions and Tables to Show Calculations:

Summary of FY 2011-12 Request					
	Total Funds	FTE	General Fund	Cash Funds	Federal Funds
Total Request Amount	(\$875,474)	(0.2)	(\$5,875,474)	\$5,000,000	\$0
(1) Executive Director's Office; (A) General Administration, Personal Services	(\$9,399)	(0.2)	\$0	(\$9,399)	\$0
(2) Medical Services Premiums	\$0	-	(\$5,875,474)	\$5,875,474	\$0
(4) Indigent Care Program Comprehensive Primary and Preventative Care Grants Program	(\$866,075)	-	\$0	(\$866,075)	\$0

Summary of FY 2012-13 Request					
	Total Funds	FTE	General Fund	Cash Funds	Federal Funds
Total Request Amount	(\$875,474)	(0.2)	(\$975,474)	\$100,000	\$0
(1) Executive Director's Office; (A) General Administration, Personal Services	(\$9,399)	(0.2)	\$0	(\$9,399)	\$0
(2) Medical Services Premiums	\$0	-	(\$975,474)	\$975,474	\$0
(4) Indigent Care Program Comprehensive Primary and Preventative Care Grants Program	(\$866,075)	-	\$0	(\$866,075)	\$0

Current Statutory Authority or Needed Statutory Change:

Primary and Preventive Care Grants Program - In order for the state to repurpose the funds transferred to the Comprehensive Primary and Preventive Care Grants Program in FY 2011-12 and FY 2012-13, the statutorily-required appropriation to the program from the Tobacco Master Settlement Cash Fund found at 24-75-1104.5 (1) (b), C.R.S. would need to be amended.

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12				
Request Title:		Indigent Care Program Reductions			Dept. Approval by:			John Bartholomew <i>JBS</i>		Date:		February 15, 2011 <i>2/15/11</i>
Department:		Health Care Policy and Financing			OSPb Approval:			<i>Carol W. Johnson</i>		Date:		<i>2/14/2011</i>
Priority Number:		BA-10										
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13	
Total of All Line Items	Total	2 892 731.730	3 121.680 121	0	3 121.680 121	3 117.096.477	0	3 117 096.477	(875.474)	3 138 292.750	(875.474)	
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	(0 2)	311 4	(0 2)	
	GF	767 930 655	705 545 550	0	705 545 550	1 086 477 223	0	1 086 477 223	(5 875.474)	1 086 351.703	(975.474)	
	GFE	104 310	161 444 485	0	161 444 485	161 444.485	0	161 444 485	0	161 444.485	0	
	CF	343 978 933	339 940 220	0	339 940 220	308 967 237	0	308 967 237	5 000 000	316 221 815	100 000	
	CFE/RF	4 262 945	8 042 243	0	8 042 243	3 756 401	0	3 756 401	0	4 213 239	0	
	FF	1 776 454 887	1 906 707 623	0	1 906 707 623	1 556 451 131	0	1 556 451 131	0	1 568 061 508	0	
(1) Executive Director's Office:	Total	20 499 157	20 463 541	0	20 463 541	22 071 747	0	22 071 747	(9 399)	22 062 348	(9 399)	
(A) General Administration, Personal Services	FTE	275 4	294 8	0 0	294 8	311 6	0 0	311 6	(0 2)	311 4	(0 2)	
	GF	7 927 142	7 614 607	0	7 614 607	7 749 954	0	7 749 954	0	7 749 954	0	
	GFE	0	0	0	0	0	0	0	0	0	0	
	CF	1 172 469	1 652 353	0	1 652 353	2 254 578	0	2 254 578	(9 399)	2 245 179	(9 399)	
	CFE/RF	1 187 672	524 403	0	524 403	456 838	0	456 838	0	456 838	0	
	FF	10 211 874	10 672 178	0	10 672 178	11 610 377	0	11 610 377	0	11 610 377	0	
(2) Medical Services Premiums	Total	2 877 822.564	3 106 858 127	0	3 106 858 127	3 101 279 542	0	3 101 279 542	0	3 101 279 542	0	
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	
	GF	762 936 068	700 606 422	0	700 606 422	1 079 820 226	0	1 079 820 226	(5 875.474)	1 073 944 752	(975.474)	
	GFE	0	161 444 485	0	161 444 485	161 444.485	0	161 444 485	0	161 444.485	0	
	CF	343 695 933	339 633 220	0	339 633 220	307 745 803	0	307 745 803	5 875 474	313 621 277	975 474	
	CFE/RF	3 917 255	7 595 243	0	7 595 243	3 334 253	0	3 334 253	0	3 334 253	0	
	FF	1 767 273 308	1 897 578 757	0	1 897 578 757	1 548 934 775	0	1 548 934 775	0	1 548 934 775	0	

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle												
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12				
Request Title:		Indigent Care Program Reductions										
Department:		Health Care Policy and Financing			Dept. Approval by:			John Bartholomew		Date:		February 15, 2011
Priority Number:		BA-10			OSPB Approval:					Date:		
	Fund	1 Prior-Year Actual FY 2009-10	2 Appropriation FY 2010-11	3 Supplemental Request FY 2010-11	4 Total Revised Request FY 2010-11	5 Base Request FY 2011-12	6 Decision/ Base Reduction FY 2011-12	7 November 1 Request FY 2011-12	8 Budget Amendment FY 2011-12	9 Total Revised Request FY 2011-12	10 Change from Base (Column 5) FY 2012-13	
(4) Indigent Care Program: Comprehensive Primary and Preventive Care Grants Program	Total	0	0	0	0	866,075	0	866,075	(866,075)	0	(866,075)	
	FTE	00	00	00	00	00	00	00	00	00	00	
	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	866,075	0	866,075	(866,075)	0	(866,075)	
	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:		CF Pediatric Specialty Hospital Fund (18P), Supplemental Old Age Pension Health and Medical Care Fund (15K), FF Title XIX										
Reappropriated Funds Source, by Department and Line Item Name:												
Approval by OIT?		Yes: " "		No: " "		N/A: " "						
Schedule 13s from Affected Departments:		N/A										



DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

*FY 2011-12 Budget Reduction Proposal
February 15, 2011*

*Susan E. Birch
Executive Director*

BA-9 Medicaid Budget Balancing Reductions

Proposal:

The Department requests a reduction of \$28,819,701 total funds, \$13,183,605 General Fund in FY 2011-12, and a reduction of \$39,428,012 total funds, \$18,080,262 General Fund in FY 2012-13 in order to meet budget balancing goals. The Department proposes to reduce Medicaid expenditure through a series of initiatives, including: an expansion of the Accountable Care Collaborative, deinstitutionalization efforts through the Department's "Money Follows the Person" federal grant, and a combination of service limitations and rate reductions.

Summary of Request:

Except where otherwise noted, the Department proposes the following reductions, to be effective July 1, 2011:

- Expand the Accountable Care Collaborative: The Department proposes to allow 63,000 additional clients to enroll in the Accountable Care Collaborative (ACC). Because the Department's current appropriation allows for enrollment of up to 60,000 clients, this would bring total program enrollment to 123,000 by November 2011.¹ The Department estimates that the additional enrollment in the ACC would generate savings of \$8,714,808 total funds, \$3,917,616 General Fund in FY 2011-12, and \$13,845,200 total funds, \$6,264,111 General Fund in FY 2012-13.
- Money Follows the Person Deinstitutionalization Efforts: In January 2011, the Department applied for a federal grant known as "Money Follows the Person", which will allow the Department to reform its long-term care delivery system and help relocate clients who currently live in nursing facilities to community settings. The Department anticipates that federal funding will be available for transition services starting in April 2011, and that 40 clients will begin to transition into community settings by July 2011. Transition services will be paid solely with grant funding, and there would be no impact to the state budget for these services. This proposal is conditional on the Department receiving the Money Follows the Person Grant; the Department expects a decision by February 28, 2011. If the grant is not awarded, the Department may withdraw this request. The Department estimates that this proposal would generate savings of \$624,975 total funds, \$312,487 General Fund in FY 2011-12, and \$1,501,439 total funds, \$750,719 General Fund in FY 2012-13.
- Limit Fluoride Application Benefit: For this proposal, the Department would limit topical fluoride applications to a maximum of three applications per year. Topical fluoride applications reduce the risk

¹ A detailed description of the Accountable Care Collaborative, including a detailed description of the Department's calculations for program costs and savings, is available in the Department's FY 2009-10 Budget Request S-6, "Accountable Care Collaborative", January 4, 2010.

of cavities. Current evidence-based literature supports that maximum benefit is achieved at the interval of three applications per year. The Department estimates that this proposal would generate savings of \$29,898 total funds, \$13,570 General Fund in FY 2011-12, and \$37,083 total funds, \$16,831 General Fund in FY 2012-13.

- Limit Dental Prophylaxis Benefit: For this proposal, the Department would restrict dental prophylaxis (routine dental cleaning) to two procedures per fiscal year. There is no literature to support the efficacy of more than two procedures per year. The Department estimates that this proposal would generate savings of \$156,274 total funds, \$70,931 General Fund in FY 2011-12, and \$193,828 total funds, \$87,977 General Fund in FY 2012-13.
- Eliminate Reimbursement for Oral Hygiene Instruction: For this proposal, the Department would eliminate reimbursement for oral hygiene instruction (instructions for routine oral health – tooth-brushing, flossing, etc) provided by dental providers. Oral hygiene instruction is not typically a reimbursable procedure for either commercial insurers or other state Medicaid programs. The Department estimates that this proposal would generate savings of \$4,092,739 total funds, \$1,857,653 General Fund in FY 2011-12, and \$5,076,277 total funds, \$2,304,071 General Fund in FY 2012-13.
- Limit Number of Physical and Occupational Therapy Units for Adults: For this proposal, the Department would limit the number of outpatient physical and occupational therapy units of service that adults can receive in each fiscal year. Currently, a client may receive up to 24 units of physical therapy and 24 units of occupational therapy per year prior to requiring prior authorization. There is currently no limit to the number of units of either therapy available with prior authorization. The Department’s proposed limit will allow for up to 48 combined units of service. No additional units would be available through prior authorization. This policy is similar to policies enacted by other state Medicaid programs. Physical and occupational therapy provided through the Home Health benefit and through Home and Community Based Services waiver programs would not be affected by this limit. The Department estimates that this proposal would generate savings of \$446,504 total funds, \$202,664 General Fund in FY 2011-12, and \$555,067 total funds, \$251,939 General Fund in FY 2012-13.
- Require Specific Billing For Certain Home Health Visits: For this proposal, the Department would require home health providers to specifically bill codes for brief visits in circumstances where only a short visit is required. This occurs particularly for home health visits related to managing chronic diabetes and visits conducted in congregate settings, such as alternative care facilities. Currently, providers are able to bill a full visit (up to 2.5 hours) for these services. Elements of this proposal were developed as part of a collaborative stakeholder process over the past year. The Department will continue to meet with stakeholders to determine which health conditions should be included in the proposed requirements. Based on information provided by stakeholder groups related to experience in Larimer County, the Department estimates that 25% of current billing for certain long-term home health services will transition to being billed as brief visits. The Department estimates that this proposal would generate savings of \$2,423,629 total funds, \$1,211,814 General Fund in FY 2011-12, and \$3,148,252 total funds, \$1,574,126 General Fund in FY 2012-13.
- Provider Rate Reduction: For this reduction, the Department proposes a 0.5% rate reduction, effective July 1, 2011. This rate reduction would impact most acute, community based, and long-term care

providers.² In some cases, such as for nursing facilities, rate reductions would require a statute change. The Department estimates that this proposal would generate savings of \$12,330,874 total funds, \$5,596,870 General Fund in FY 2011-12, and \$15,070,866 total funds, \$6,830,488 General Fund in FY 2012-13.

Assumptions and Tables to Show Calculations:

Summary information, including fund splits, for the Department’s request is contained in Appendix A.

Summary of FY 2011-12 Request (matches attached Schedule 13)					
Line Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$28,819,701)	(\$13,183,605)	(\$1,173,608)	\$0	(\$14,462,488)
(1) Executive Director's Office; (D) Eligibility Determination and Client Services, Customer Outreach	\$822,998	\$411,499	\$0	\$0	\$411,499
(2) Medical Services Premiums	(\$29,642,699)	(\$13,595,104)	(\$1,173,608)	\$0	(\$14,873,987)

Summary of FY 2012-13 Request					
Line Item	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds
Total Request	(\$39,428,012)	(\$18,080,262)	(\$1,568,484)	\$0	(\$19,779,266)
(1) Executive Director's Office; (D) Eligibility Determination and Client Services, Customer Outreach	\$435,640	\$217,820	\$0	\$0	\$217,820
(2) Medical Services Premiums	(\$39,863,652)	(\$18,298,082)	(\$1,568,484)	\$0	(\$19,997,086)

Where necessary, the calculations for individual proposals are shown in the following tables in Appendix B:

Proposal	Table
Expand the Accountable Care Collaborative	A
Money Follows the Person Deinstitutionalization Efforts	B

² Certain service categories would be excluded, including: Federally Qualified Health Centers and Rural Health Centers (because rates are set per federal law); HCBS – Children with Autism (a rate cut would not achieve savings, as clients can increase services within the statutorily allowable cap); and administrative case management services including single entry points and prepaid inpatient health plan administration.

Proposal	Table
Limit Fluoride Application Benefit	C
Limit Dental Prophylaxis Benefit	D
Eliminate Reimbursement for Oral Hygiene Instruction	E
Limit Number of Physical and Occupational Therapy Units for Adults	F
Require Specific Billing for Certain Home Health Visits	G
Provider Rate Reduction	H

Each table contains the relevant assumptions for each calculation.

Current Statutory Authority or Needed Statutory Change:

Except where noted below, the Executive Director has the authority to limit the amount, scope, and duration of services and can implement reductions and programmatic efficiencies via rule change, per 25.5-4-401 (1) (a), C.R.S. (2010).

25.5-4-401 (1) (a), C.R.S. (2010)

The state department shall establish rules for the payment of providers under this article and articles 5 and 6 of this title. Within the limits of available funds, such rules shall provide reasonable compensation to such providers, but no provider shall, by this section or any other provision of this article or article 5 or 6 of this title, be deemed to have any vested right to act as a provider under this article and articles 5 and 6 of this title or to receive any payment in addition to or different from that which is currently payable on behalf of a recipient at the time the medical benefits are provided by said provider.

Under this statute, the proposed reductions can be achieved through a budget action by applying a restriction to the appropriation without an executive order or statutory change. The only exception to this is the proposed provider rate reduction to nursing facilities. Changes to nursing facility reimbursement, including provider rate reductions, require changes to 25.5-6-202 and 25.5-6-204, C.R.S. (2010).

STATE OF COLORADO FY 2011-12 BUDGET REQUEST CYCLE: DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Schedule 13 Change Request for FY 2011-12 Budget Request Cycle											
Decision Item FY 2011-12		Base Reduction Item FY 2011-12			Supplemental FY 2010-11			Budget Amendment FY 2011-12			
Request Title: Medicaid Budget Balancing Reductions		Department: Health Care Policy and Financing			Dept. Approval by: John Bartholomew <i>JB</i>			Date: February 15, 2011 <i>2/7/11</i>			
Priority Number: BA-9					OSPB Approval: <i>Eric R. Johnson</i>			Date: 2/14/2011			
	Fund	1	2	3	4	5	6	7	8	9	10
		Prior-Year Actual FY 2009-10	Appropriation FY 2010-11	Supplemental Request FY 2010-11	Total Revised Request FY 2010-11	Base Request FY 2011-12	Decision/ Base Reduction FY 2011-12	November 1 Request FY 2011-12	Budget Amendment FY 2011-12	Total Revised Request FY 2011-12	Change from Base (Column 5) FY 2012-13
Total of All Line Items	Total	2 881 273 072	3 110 805 725	0	3 110 805 725	3 105 669 701	0	3 105 669 701	(28 819 701)	3 076 850 000	(39 428 012)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	764 620 997	702 506 455	0	702 506 455	1 081 925 683	0	1 081 925 683	(13 183 605)	1 068 742 078	(18 080 262)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	343 735 298	339 706 986	0	339 706 986	307 835 426	0	307 835 426	(1 173 608)	306 661 818	(1 568 484)
	CFE/RF	3 917 255	7 595 243	0	7 595 243	3 334 253	0	3 334 253	0	3 334 253	0
	FF	1 768 999 522	1 899 552 556	0	1 899 552 556	1 551 129 854	0	1 551 129 854	(14 462 488)	1 536 667 366	(19 779 266)
(1) Executive Director's Office; (D) Eligibility Determinations and Client Services, Customer Outreach	Total	3 450 508	3 947 598	0	3 947 598	4 390 159	0	4 390 159	822 998	5 213 157	435 640
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	1 684 929	1 900 033	0	1 900 033	2 105 457	0	2 105 457	411 499	2 516 956	217 820
	GFE	0	0	0	0	0	0	0	0	0	0
	CF	39 365	73 766	0	73 766	89 623	0	89 623	0	89 623	0
	CFE/RF	0	0	0	0	0	0	0	0	0	0
	FF	1 726 214	1 973 799	0	1 973 799	2 195 079	0	2 195 079	411 499	2 606 578	217 820
(2) Medical Services Premiums	Total	2 877 822 564	3 106 858 127	0	3 106 858 127	3 101 279 542	0	3 101 279 542	(29 642 699)	3 071 636 843	(39 863 652)
	FTE	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0
	GF	762 936 068	700 606 422	0	700 606 422	1 079 820 226	0	1 079 820 226	(13 595 104)	1 066 225 122	(18 298 082)
	GFE	0	161 444 485	0	161 444 485	161 444 485	0	161 444 485	0	161 444 485	0
	CF	343 695 933	339 633 220	0	339 633 220	307 745 803	0	307 745 803	(1 173 608)	306 572 195	(1 568 484)
	CFE/RF	3 917 255	7 595 243	0	7 595 243	3 334 253	0	3 334 253	0	3 334 253	0
	FF	1 767 273 308	1 897 578 757	0	1 897 578 757	1 548 934 775	0	1 548 934 775	(14 873 987)	1 534 060 788	(19 997 086)
Non-Line Item Request:	None										
Letternote Revised Text:	(2) Medical Services Premiums Of this amount \$137,535,811 \$136,936,212(H) shall be from the Hospital Provider Fee Cash Fund created in Section 25 5-4-402 3 (4). C.R.S. 573,213,380 572,711,362(H) shall be from the Health Care Expansion Fund created in Section 24-22-117 (2) (a) (i). C.R.S. and \$2,543,207 \$2,501,246 shall be from the Breast and Cervical Cancer Prevention and Treatment Fund created in Section 25 5-5-308 (8) (a) (i) C R S										
Cash or Federal Fund Name and COFRS Fund Number:	CF Hospital Provider Fee Cash Fund 24A Health Care Expansion Fund 18K Breast and Cervical Cancer Prevention and Treatment Fund 15D FF Title XIX										
Reappropriated Funds Source, by Department and Line Item Name:	None										
Approval by OIT?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input checked="" type="checkbox"/>										
Schedule 13s from Affected Departments:	N/A										