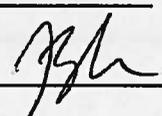


## Schedule 13 Funding Request for the 2014-15 Budget Cycle

**Department:** Health Care Policy and Financing

**Request Title:** CBMS Technology Improvement Workplan

**Priority Number:** NP S-2, NP BA-2

**Dept. Approval by:** Josh Block  11/2/14  
Date

**OSPB Approval by:**  12/31/13  
Date

- |                                                                 |
|-----------------------------------------------------------------|
| <input type="checkbox"/> Decision Item FY 2014-15               |
| <input type="checkbox"/> Base Reduction Item FY 2014-15         |
| <input checked="" type="checkbox"/> Supplemental FY 2013-14     |
| <input checked="" type="checkbox"/> Budget Amendment FY 2014-15 |

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
<b>Total of All Line Items</b>	<b>Total</b>	12,669,689	796,398	564,113	26,770,806	-
	FTE	-	-	-	-	-
	GF	1,886,059	388,014	282,058	7,102,544	-
	GFE	-	-	-	-	-
	CF	48,785	7,130	-	1,286,032	-
	RF	-	-	-	-	-
	FF	10,734,845	401,254	282,055	18,382,230	-
<b>(6) Department of Human Services Medicaid-Funded Programs; (B) Office of Information Technology Services, CBMS Modernization Project</b>	<b>Total</b>	12,669,689	796,398	564,113	26,770,806	-
	FTE	-	-	-	-	-
	GF	1,886,059	388,014	282,058	7,102,544	-
	GFE	-	-	-	-	-
	CF	48,785	7,130	-	1,286,032	-
	RF	-	-	-	-	-
	FF	10,734,845	401,254	282,055	18,382,230	-

**Letternote Text Revision Required?** Yes:  No:  **If yes, describe the Letternote Text Revision:**  
 FY 2013-14: Of this amount, ~~\$36,136~~ \$43,266 shall be from the Old Age Pension Health and Medical Care Fund moneys originally appropriated to the Old Age Pension State Medical Program and \$12,649 shall be from the Children's Basic Health Plan Trust created in Section 25.5-8-105(1), C.R.S.  
 FY 2014-15: Of this amount \$125,665 shall be from the Old Age Pension Health and Medical Care Fund moneys originally appropriated to the Old Age Pension State Medical Program and \$1,160,367 shall be from the Hospital Provider Fee created in Section 25.5-4-402.3 (4), C.R.S.

**Cash or Federal Fund Name and COFRS Fund Number:** CF: Hospital Provider Fee Cash Fund 22X, Old Age Pension State Medical Cash Fund, FF: Title XIX

**Reappropriated Funds Source, by Department and Line Item Name:** N/A

**Approval by OIT?** Yes:  No:  **Not Required:**

**Schedule 13s from Affected Departments:** Department of Human Services, Governor's Office of Information Technology

**Other Information:**