

Schedule 13

Funding Request for the FY 2015-16 Budget Cycle

Department of Health Care Policy and Financing

PB Request Number NPSBA-03

Request Titles

SNP-04 Mental Health Institutes Revenue Adjustment
 BA-NP-05 Mental Health Institutes Revenue Adjustment

| | | | |
|--------------------|--|-------------------------------------|-----------------------------|
| Dept. Approval By: | Josh Block  | <input checked="" type="checkbox"/> | Supplemental FY 2014-15 |
| | | <input type="checkbox"/> | Change Request FY 2015-16 |
| | | <input type="checkbox"/> | Base Reduction FY 2015-16 |
| OSPB Approval By: |  | <input checked="" type="checkbox"/> | Budget Amendment FY 2015-16 |

| Line Item Information | Fund | FY 2014-15 | FY 2015-16 | FY 2016-17 | | |
|-------------------------|--------------|--------------------|----------------------|--------------------|----------------------------|------------------|
| | | Appropriation | Supplemental Request | Base Request | Governor's Revised Request | Budget Amendment |
| | Total | \$4,997,745 | \$974,131 | \$4,997,745 | \$974,131 | \$974,131 |
| | FTE | - | - | - | - | - |
| Total of All Line Items | GF | \$2,461,015 | \$477,227 | \$2,447,272 | \$479,370 | \$480,052 |
| | CF | \$0 | \$0 | \$0 | \$0 | \$0 |
| | RF | \$0 | \$0 | \$0 | \$0 | \$0 |
| | FF | \$2,536,730 | \$496,904 | \$2,550,473 | \$494,761 | \$494,079 |

| Line Item Information | Fund | FY 2014-15 | FY 2015-16 | FY 2016-17 | | |
|---|--------------|--------------------|----------------------|--------------------|----------------------------|------------------|
| | | Appropriation | Supplemental Request | Base Request | Governor's Revised Request | Budget Amendment |
| | Total | \$4,997,745 | \$974,131 | \$4,997,745 | \$974,131 | \$974,131 |
| 07. Department of Human Services | FF | \$2,536,730 | \$496,904 | \$2,550,473 | \$494,761 | \$494,079 |
| Medicaid-Funded Programs - Mental Health Institutes | GF | \$2,461,015 | \$477,227 | \$2,447,272 | \$479,370 | \$480,052 |

| | | | | |
|--|-----|----|-------------------------------------|--|
| Letternote Text Revision Required? | Yes | No | <input checked="" type="checkbox"/> | If Yes, describe the Letternote Text Revision: |
| Cash or Federal Fund Name and CORE Fund Number: FF: Title XIX | | | | |
| Reappropriated Funds Source, by Department and Line Item Name: N/A | | | | |
| Approval by OIT? | Yes | No | <input checked="" type="checkbox"/> | Not Required: <input checked="" type="checkbox"/> |
| Schedule 13s from Affected Departments: Department of Human Services | | | | |
| Other Information: N/A | | | | |