

**Schedule 13**

**Funding Request for the FY 2017-18 Budget Cycle**

**Department of Health Care Policy and Financing**

**Request Title**

**NPR-04 DHS ADRC Claiming**

Dept. Approval By:

Josh Block



Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By:



Budget Amendment FY 2017-18

**Summary Information**

	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
<b>Total</b>		<b>\$1,800</b>	<b>\$0</b>	<b>\$1,800</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
FTE		0.0	0.0	0.0	0.0	0.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$900	\$0	\$900	\$500,000	\$500,000
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$900	\$0	\$900	\$500,000	\$500,000

**Line Item Information**

	Fund	FY 2016-17		FY 2017-18	FY 2018-19	
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
<b>Total</b>		<b>\$1,800</b>	<b>\$0</b>	<b>\$1,800</b>	<b>\$1,000,000</b>	<b>\$1,000,000</b>
07. Department of Human Services Medicaid-Funded Programs, (I) Adult Assistance and Services for Elderly - Medicaid - Adult Assst. Medicaid Programs - Community Srvc for Elderly	FTE	0.0	0.0	0.0	0.0	0.0
	GF	\$900	\$0	\$900	\$500,000	\$500,000
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$900	\$0	\$900	\$500,000	\$500,000

CF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	<b>If Yes, see attached fund source detail.</b>
RF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
FF Letternote Text Revision Required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Requires Legislation?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Type of Request?	Department of Health Care Policy and Financing Non-Prioritized Request				
Interagency Approval or Related Schedule 13s: Department of Human Services					