



Schedule 13

Department of Health Care Policy and Financing

Funding Request for The FY 2019-20 Budget Cycle

Request Title

NP-05 1% Provider Rate Increase (CDPHE)

Dept. Approval By:  11/1/18 _____
 OSPB Approval By:  _____

Supplemental FY 2018-19

Budget Amendment FY 2019-20

X

Change Request FY 2019-20

Summary Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$728,177	\$0	\$728,177	\$7,282	\$7,282
FTE		0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$364,089	\$0	\$364,089	\$3,641	\$3,641
	CF	\$0	\$0	\$0	\$0	\$0
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$364,088	\$0	\$364,088	\$3,641	\$3,641

Line Item Information	Fund	FY 2018-19		FY 2019-20		FY 2020-21
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
Total		\$728,177	\$0	\$728,177	\$7,282	\$7,282
01. Executive Director's Office, (B) Transfers to/from Other	FTE	0.0	0.0	0.0	0.0	0.0
Departments, (1)	GF	\$364,089	\$0	\$364,089	\$3,641	\$3,641
Transfers to/from Other	CF	\$0	\$0	\$0	\$0	\$0
Departments - Transfer	RF	\$0	\$0	\$0	\$0	\$0
to CDPHE Local Public Health Agencies	FF	\$364,088	\$0	\$364,088	\$3,641	\$3,641

Auxiliary Data

Requires Legislation? NO

Type of Request? Department of Health Care Policy and Financing Non-Prioritized Request

Interagency Approval or Related Schedule 13s:

Impacts Other Agency