DEPARTMENT: LA DEPARTMEN	IT OF HEALTH		FOR OPB USE ONLY			
AGENCY: MEDICAL VENDOR AD	OMINISTRATION		OPB LOG NU	MBER	AGENDA NUM	BER
SCHEDULE NUMBER: 09-305			i(0)		1715	
SUBMISSION DATE: October 23,	2017		Approval and Authorit	V:Act 3 of	17 2nd ELS-Schee Pre	hule 69
AGENCY BA-7 NUMBER: 3 (Tran OBH)	nsfer of 1 TO from	MVA to	No. of the last of	Division of Adr		ambole
HEAD OF BUDGET UNIT: Jen St	eele		01	ffice of Plannii	nq & Budget	
TITLE: Medicaid Director				DEC 07	2017	
SIGNATURE (Certifies that the information polyour knowledge):	-An	APPRO	VED			
MEANS OF FINANCING CURRENT FY 2017-2018			ADJUSTM (+) or (-		REVISED FY 2017-20	
GENERAL FUND BY:						
DIRECT	\$12	1,827,293	(NS)	\$0	\$121.	827,293
INTERAGENCY TRANSFERS		\$473,672		\$0		473,672
FEES & SELF-GENERATED		4,200,000		\$0		200,000
STATUTORY DEDICATIONS	\$1,051,683			\$0		
Health Care Redesign Fund (H28)	\$658		\$0			
Medical Assistance Programs Fraud Detection (H14)	\$1,050,000		\$0		\$1,050,000	
Subtotal of Dedications from Page 2	\$1,025			\$0	\$1,025	
FEDERAL	\$419,918,321			\$0	\$419,918,321	
TOTAL		7,470,969	(12)	0	\$547,470,9694	
AUTHORIZED POSITIONS		894		(1)	893	
AUTHORIZED OTHER CHARGES		0		0		0
NON-TO FTE POSITIONS	-	185		0		185
TOTAL POSITIONS		1,079		(1)		1,078
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:		A				
Medical Vendor Administration	\$547,470,969	1,079	\$0	(1)	\$547,470,9694	1,078
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
9	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$547,470,969	1,079	\$0	(1)	\$547,470,969	1,078

BA-7 FORM (6/1/2017)

Page 1

DEPARTMENT: LA DEPARTMENT OF HEALTH	FOR OPB USE ONLY
AGENCY: MEDICAL VENDOR ADMINISTRATION	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 09-305	
SUBMISSION DATE: October 3, 2017	
AGENCY BA-7 NUMBER: 3 (Transfer of 1 TO from MVA	ADDENDUM TO PAGE 1

MEANS OF FINANCING	CURRENT	ADJUSTMENT	REVISED
	FY 2017-2018	(+) or (-)	FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS			<u>rannamananananananggananana</u>
New Opportunities Waiver (NOW) Fund (H30)	\$1,025	\$0 .	\$1,025
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$1,025	\$0	\$1,025

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	. 0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	. 0	\$0	(
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	(



Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?

This T.O. position is 50% funded with Federal funds which will be invoiced annually through an IAT/MOA agreement between MVA and OBH.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: Not applicable

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

This companion request will allow MVA to transfer one (1) T.O. position from Medical Vendor Administration to OBH under the authority of the department's preamble which states, "the secretary of DHH is authorized to transfer, with the approval of the commissioner of administration through midyear budget adjustments, funds, and authorized positions from one budget unit to any other budget unit and/or between programs within any budget unit within this schedule. Such transfers shall be made solely to provide for the effective delivery of services by the department, promote efficiencies and enhance the cost effective delivery of services."

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52,

The employee has moved from MVA to OBH. However, no expenditures have been IAT'd for FY18.

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed).

GENERAL PURPOSE

This companion request will allow MVA to transfer one (1) T.O. position from Medical Vendor Administration to OBH under the authority of the department's preamble which states, "the secretary of DHH is authorized to transfer, with the approval of the commissioner of administration through midyear budget adjustments, funds, and authorized positions from one budget unit to any other budget unit and/or between programs within any budget unit within this schedule. Such transfers shall be made solely to provide for the effective delivery of services by the department, promote efficiencies and enhance the cost effective delivery of services."

REVENUES

State General Fund	\$0
Interagency Transfers	\$0
Fees & Self-Generated	\$0
Statutory Dedications:	\$0
Federal Funds	\$0
TOTAL REVENUES	\$0

EXPENDITURES

Salaries	\$0
Other Compensation	\$0
Related Benefits	\$0
Travel	\$0
Operating Services	\$0
Supplies	\$0
Professional Services	\$0
Other Charges	\$0
Interagency Transfers	\$0
TOTAL EXPENDITURES	\$0

OTHER

Provide names, phone numbers, and e-mail addresses of agency contacts

Contact:

Lana Goldsmith - (225) 342-3942 Financial Management & Operations Email Address: Lana.Goldsmith@la.gov

INTERAGENCY AGREEMENT

BR-19B (8/08)

from For Fiscal Year 2017-2018 Interagency Agreement Between (Agency Name and #) LDH-Medical Vendor Administration (09-305) (Agency Name and #) (Recipient Agency and #) LDH - Office of Behavioral Health (09-LDH - Office of Behavioral Health (09and is budgeted to receive the following revenue \$771,332 by Interagency Transfer for the following reason(s) LDH-Medical Vendor Administration (09-305) (Sending Agency and #)

The reason for the Interagency Agreement is :

System of Care (CSoC) specialized behavioral health services including Preadmission Screening Resident Review (PASRR), fiscal monitoring and reporting, specialized behavioral services administration, health plan management, member services and providing oversight for the implementation of the Coordinated This agreement provides funding to reimburse OBH for specified OBH employees who spend a portion of their time supporting Medicaid-related

Recipient Agency Fiscal Officer (Print)

DEGRANA MILL

Recipient Agency Fiscal Officer (Signature)

Date 411416

Sending Agency Fiscal Officer (Signature)

Sending Agency Fiscal Officer (Print)

It is the Receiving Agency's responsibility to ensure the execution of this Agreement.

Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for LA.T. revenues and LA.T.

A

DEPARTMENT: Louisiana Department of Health			F	OR OPB US	SE ONLY		
GENCY: Northeast Delta Human Services Authority			OPB LOG NUMBER AGENDA NU			ER	
SCHEDULE NUMBER: 09-310			102				
SUBMISSION DATE: November 3,	2017		Approval and Authority: Division of	Ad3 at	7 2nd ELS-Scher	tule 09	
AGENCY BA-7 NUMBER: 01	runrock		Office of Pl	Administrati anning & Buc	on Pream		
HEAD OF BUDGET UNIT: Dr. Mont	- Company of the Comp		DEC. 0.7 2017				
TITLE: Executive Director			DEC	2017			
SIGNATURE (Certifies that the information pro	ovided is correct and true to	the best of	APP	BOVED			
ypur knowledge):		14	1 1 8	DOVED			
mel N. Williams.		Mont		er			
MEANS OF FINANCING	CURREN		ADJUSTMÉ		REVISED		
	FY 2017-20	018	(+) or (-)		FY 2017-20	18	
GENERAL FUND BY:					**		
DIRECT		,654,148		\$28,792		82,940	
INTERAGENCY TRANSFERS		,429,734		\$0	- puid	129,734	
FEES & SELF-GENERATED	9	5773,844		\$0	\$7	773,844	
STATUTORY DEDICATIONS		\$0	- 1341	\$0			
[Select Statutory Dedication]		\$0 \$0					
[Select Statutory Dedication] Subtotal of Dedications from Page 2	\$0		\$0		\$		
FEDERAL	VA. 100 000	\$0	A CONTRACTOR OF THE CONTRACTOR	\$0		\$0	
TOTAL	\$13	,857,726		\$28,792	\$13,8	886,518	
AUTHORIZED POSITIONS	1,000	0	0				
AUTHORIZED OTHER CHARGES	1000	111	Ô				
NON-TO FTE POSITIONS		0		0			
TOTAL POSITIONS	- With the same - Company	111		0	0		
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS	
PROGRAM NAME:							
NE Delta Human Svcs. Authority	\$13,857,726	111	\$28,792	0	\$13,886,518	111	
	\$0	0	\$0	0	. \$0	0	
T.	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
V.S.	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
,	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	Ψ				\$0	0	
Subtotal of programs from Page 2:	\$0	0	\$0	0	au.	U	

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed, FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
OR EXPENDITURE					
GENERAL FUND BY:					
DIRECT	\$28,792	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$28,792	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

OBH will eliminate the Shamrock Pharmacy on November 1, 2017. This funding is to cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

No

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1.	Identify and explain	the programmatic	impacts (positive	e or negative) that	t will result from the	e approval d	of this
B	4-7 ,						

Approval of this BA-7 will allow NEDHSA to continue to provide necessary medications through our internal, onsite pharmacy once Shamrock Pharmacy is eliminated.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)
OBJECTIVE:

		PERFORMANCE STANDARD				
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT	ADJUSTMENT	REVISED		
Щ		FY 2017-2018	(+) OR (-)	FY 2017-201		
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		CONTRACTOR OF THE PROPERTY OF				
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			<u> </u>	1		

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

N/A

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

NEDHSA has a Pharmacist on staff, who is responsible for ordering and managing distribution of all NEDHSA pharmaceuticals. Eliminating Shamrock Pharmacy will have no impact on her current responsibilities; instead of receiving pharmaceuticals from Shamrock she will now place orders with another pharmacy.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Failure to approve this BA-7 will prevent NEDHSA from purchasing necessary medications for our clients.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Northeast Delta Hum	nan Services Authority
-------------------------------------	------------------------

PROGRAM 1 NAME:	Northeast Delta	a Human Servic	es Authority				
	CURRENT	REQUESTED	REVISED	TO AD.	USTMENT OUTY	EAR PROJECTI	ONS see santis (5275)
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:						WANTE CONTRACTOR OF THE CONTRA	
Direct	\$9,654,148	\$28,792	\$9,682,940	\$0	\$0	\$0	\$0
Interagency Transfers	\$3,429,734	\$0	\$3,429,734	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$773,844	\$0	\$773,844	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$13,857,726	\$28,792	\$13,886,518	\$0	\$0	\$0	\$0
	18.5 Life and the second and the later and the						
EXPENDITURES:	regionisch voor en			Company to the control of the contro	30 COVER 1 20 (100 P 100 CO)		
Salaries	. \$0	\$0	\$0	\$0	\$0	\$0	\$O
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	. \$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
.,	\$13,478,051	\$28,792	\$13,506,843	\$0	\$0	\$0	\$0
Other Charges	\$13,476,031	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services		\$0	\$379,675	\$0	\$0	\$0	\$0
Interagency Transfers	\$379,675		\$319,610	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0		\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$13,857,726	\$28,792	\$13,886,518		\$ 0	<u> </u>	
POSITIONS		Ţ	T		T		0
Classified	0	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0	 _
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
OTHER CHARGES POSITIONS	111	0	111	0	0	0	0
NON-TO FTE POSITIONS	0	0	0	0	0	0	0
TOTAL POSITIONS	111	0	111	0	0	0	0
* Statutory Dedications:							\$0
[Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0		\$0 \$0	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0 \$0	\$0	\$0	\$0
(Select Statutory Dedication)	\$0	\$0	\$0	\$0		\$0	\$0 \$0
[Select Statutory Dedication]	\$0 \$0		\$0 \$0	\$0 \$0		\$0 \$0	\$0
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0		\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0			\$0		\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

Northeast Delta Human Services Authority

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28,792	\$0	\$0	\$0	\$0	\$28,792
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QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

1. The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

REVENUES

- 2. STATE GENERAL FUND: Provides for the ordinary operating expenses of NEDHSA for Fiscal Year 2017-2018 per Act 3 of the 2017 Second Extraordinary Legislative Session.
- 3. N/A
- 4. N/A
- 5. N/A
- 6. N/A
- 7. N/A
- 8. N/A

EXPENDITURES

- 9. SGF/Direct other charges expenditures will be increased by \$28,792 due to OBH eliminating Shamrock Pharmacy. LDH/OBH calculated the requested amount.
- 10. Excess funds became available through OBH's elimination of Shamrock Pharmacy.
- 11. Object class to be used: 3730.

OTHER

Dr. Monteic A. Sizer Executive Director (318) 362-3020 Monteic.Sizer@la.gov

Angel W. Williams Chief Fiscal Officer (318) 362-5332 Angel Williams@la.gov

DEPARTMENT: HEALTH				FOR OPB	USE ONLY	7		
AGENCY: Acadiana Area Human	Services Distric	t	OPB LOG NUMBER AGENDA NUMBER					
SCHEDULE NUMBER: 09-325	W.		103					
SUBMISSION DATE: 10/31/17	Approval and Authori	ty:Ac+3A	17-2nd Els-Sche	L. I. c				
AGENCY BA-7 NUMBER: 3 Sh			vision of Adm		mble			
HEAD OF BUDGET UNIT: Brad F	Off	ce of Plannin						
TITLE: Executive Director	out	DEC 07	2017					
SIGNATURE (Certifies that the information p your knowledge):	4	APPROV	<u>~~</u>					
MEANS OF FINANCING	CURRE FY 2017-	757 v. 3	ADJUSTM (+) or (22175	REVISEI FY 2017-20			
GENERAL FUND BY:								
DIRECT	\$13,794,103			\$116,840	£12	,910,943		
INTERAGENCY TRANSFERS	\$2,923,045			\$0		923,045		
FEES & SELF-GENERATED	\$1,536,196			\$0		536,196		
STATUTORY DEDICATIONS		\$0		\$0	7.,055,100			
[Select Statutory Dedication]		\$0		\$0				
[Select Statutory Dedication]		\$0		\$0				
Subtotal of Dedications from Page 2 FEDERAL		\$0		\$0		\$0		
		\$0		\$0		\$0		
TOTAL	\$18	3,253,344		\$116,840	\$18,	370,184		
AUTHORIZED POSITIONS		0	0			0		
AUTHORIZED OTHER CHARGES	133		0		13			
NON-TO FTE POSITIONS		0	Ö			0		
TOTAL POSITIONS	99999999999999999999999999999999	133	0					
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS		
PROGRAM NAME:								
AAHSD (Program 1000)	\$18,253,344	133	\$116,840	0	\$18,370,184	133		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
	\$0	0	\$0	0	\$0	0		
ubtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0		
TOTAL	\$18,253,344	133	\$116,840	0	\$18,370,184	133		

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds? The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING	3311				
OR EXPENDITURE	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:					
DIRECT	\$116,840	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0		\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0.	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$116,840	\$0	\$0	\$0	\$0

REALINGULU LATOR ROMER REALINGULU LATOR REALINGULU LA LATOR REALINGULU LA LATOR ROMER LATOR ROMER REALINGULU LA

3. If this action requires additional personnel, provide a detailed explanation below: N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

ROSENADOS DE COMO COMO RESERVADOS DE CARTO DE ORGANIZACIONO DE LOS DE COMO DE COMO DE COMO DE COMO DE COMO DE C

Pharmaceutical services for indigent clients will no longer be able to be provided if this request is not approved. This is needed to cover the cost of medications for clients in the last eight months of FY18, once Shamrock Pharmacy is eliminated.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

PERFORMANCE	IMPACT	OF MID-YEAR	BUDGET	ADJUSTMENT
-------------	--------	-------------	--------	-------------------

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

ᆔ		PERFORMANCE STANDARD						
EVEL	PERFORMANCE INDICATOR NAME		CURRENT	ADJUSTMENT	REVISED			
<u> </u>			FY 2017-2018	(+) OR (-)	FY 2017-2018			
	7760							

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

N/A

OBJECTIVE: N/A

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

N/A

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

N/A

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Acadiana Area Human Services District

PROGRAM TNAME;	Acadiana Area	Human Service	es District		V		
NYDIGATIA-IGOGASERSEGENTEETENTINKOORGAASSARGESSARGE	NEW BEST OF SERVICE STREET, STORE STREET,	HI CONTROLLED DE SENSOR DE LES CONTROLES DE LA CONTROL DE	HANSALKII SIUSINININININISSAUSSESSASTININININ DIBBO	SANTA SA	SANTES EDGALGADAGA SANTANIA SANTAN SANT	TO THE PROPERTY OF THE PROPERT	nanarananan restabilistikan
MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED		HENT OUT	EAR PROJECT	CHS .
GENERAL FUND BY:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
Direct	\$13,794,103	\$116,840	C42 040 040		1	I	
Interagency Transfers	\$2,923,045		\$13,910,943	\$0	\$0	\$0	\$0
Fees & Self-Generated		\$0	\$2,923,045	\$0	\$0	\$0	\$0
Statutory Dedications *	\$1,536,196	\$0	\$1,536,196	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$18,253,344	\$116,840	\$18,370,184	\$0	\$0	\$0	\$0
EXPENDITURES:		*****					
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$O.
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travei	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$176,100	\$116,840	\$292,940	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$O
Other Charges	\$17,584,181	\$0	\$17,584,181	\$0	\$Q	\$0	\$0 \$0
Debt Services	\$0	\$ O	\$0	\$0	\$0	\$0 \$0	
Interagency Transfers	\$493,063	\$0	\$493,063	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0		\$0
Major Repairs	\$0	\$0	\$0	\$0 \$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	3		\$0	\$0
TOTAL EXPENDITURES	\$18,253,344	\$116,840	\$18,370,184	\$0	\$0	\$0	\$0
		ψ110,040 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111	\$10,370,184	\$0	\$0	\$0	\$0
POSITIONS							
Classified	0	0	0				
Unclassified	- 0	0	0	0	0	C	0
TOTAL T.O. POSITIONS	0		0	C	0	0	0
OTHER CHARGES POSITIONS		0	0	0	0	0	0
ION-TO FTE POSITIONS	133	0	133	C		0	0
OTAL POSITIONS	0	0	0	0	0	0	0
	133	0	133	0	0	0	0
Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	\$0	60	45	***	
[Select Statutory Dedication]	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$Q
[Select Statutory Dedication]	\$0 \$0	\$0	\$0	\$0	\$0	\$0	\$0
Familia Comments to an ordination in	ψυ	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

Acadiana Area Human Services District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$116,840	\$0	\$0	\$0	\$0	\$116,840
						100
EXPENDITURES:						ом так позивневанованоленования
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$116,840	\$0	\$0	\$0	\$0	\$116,840
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
OTAL EXPENDITURES	\$116,840	\$0	\$0	\$0	\$0	\$116,840
VER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

BA-7 QUESTIONNAIRE

(Provide answers on the Questionnaire Analysis Form; answer all questions applicable to the requested budget adjustment.)

GENERAL PURPOSE

1. The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

REVENUES

2.

MOF

Description

\mount

State General Fund TOTAL

OBH Transfer of SGF Budget Authority

\$116,840 \$116,840

EXPENDITURES

This request is for an increase in budget authority in SGF funding from the Office of Behavioral Health to cover cost of medications for the last eight months of FY18.

11.

Expenditure

Object

Description

Amount

3110

TOTAL

Operating Supplies - Pharmaceutical

\$116,840 \$116,840

OTHER

12. Provide names, phone numbers, and e-mail addresses of agency contacts

Brad Farmer, Executive Director 337-262-4190 Brad.Farmer@la.gov

Yancey Mire, Director of Behavioral Health 337-262-1611
yancey.mire@la.gov

Daniel Leger, Accountant Manager 337-262-4189 Daniel.Leger@la.gov

DEPARTMENT: Louisiana Departr	nent of Health	FOR OPB USE ONLY					
AGENCY: Office of Behavorial Hea			OPB LOG NUM	BER	AGENDA NUME	BER	
SCHEDULE NUMBER: 09-330			1 104				
SUBMISSION DATE: October 30, 2	2017		Approval and Authority:	Act 3 A4	117 2ml ELS - Sch	a dule	
AGENCY BA-7 NUMBER: #4 -Sham		tical) Jan	00	Pream	
Supplies Transfer				Division of A	dministration ning & Budget		
HEAD OF BUDGET UNIT: James E	1 1 '						
TITLE: Assistant Secretary				DEC 0	7 2017		
SIGNATURE (Certifies that the information pro	vided is correct and true to	the best of		MEN	Wey		
your knowledge):	2			APPR	OVED		
MEANS OF FINANCING	CURREN FY 2017-2		ADJUSTME (+) or (-)	2000	REVISED FY 2017-20		
GENERAL FUND BY:							
DIRECT	\$102,207,499		(\$189,640)	\$102,	017,859	
INTERAGENCY TRANSFERS	\$72,268,384			\$0	\$72,	268,384	
FEES & SELF-GENERATED		\$505,309		\$0		505,309	
STATUTORY DEDICATIONS	\$6	5,588,445	\$0		0 \$6,588,		
Compulsive & Problem Gaming Fund		\$2,583,873	\$0		\$2,583,		
(H10) Tobacco Tax Health Care Fund (E32)		\$2,370,893		\$0		2,370,893	
Health Care Facility Fund (H12)		\$1,633,679		\$0	\$	1,633,679	
FEDERAL	\$54	1,289,061		\$0	\$54,2	289,061	
TOTAL	\$235	5,858,698	(\$189,640)	\$235,0	669,058	
AUTHORIZED POSITIONS		1,410	0			1,410	
AUTHORIZED OTHER CHARGES	6			0		6	
NON-TO FTE POSITIONS		85		0		85	
TOTAL POSITIONS	1,501			0		1,501	
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS	
PROGRAM NAME:							
ADMINISTRATION AND SUPPORT	\$6,946,074	47	\$0	0	\$6,946,074	47	
BH COMMUNITY	\$71,487,652	54	(\$189,640)	0	\$71,298,012	54	
HOSPITAL BASED TREATMENT	\$157,404,972	1,400	\$0	0	\$157,404,972	1,400	
AUXILIARY	\$20,000	0	\$0	0	\$20,000	0	
1	\$0	0	\$0	0	\$0	0	
8	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
	\$0	0	\$0	0	\$0	0	
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0	
TOTAL	\$235,858,698	1,501	(\$189,640)	0	\$235,669,058	1,501	

DEPARTMENT: Louisiana Department of Health	FOR OPB USE ONLY				
AGENCY: Office of Behavorial Health	OPB LOG NUMBER AGENDA NUMBER				
SCHEDULE NUMBER: 09-330					
SUBMISSION DATE: October 10, 2017					
AGENCY BA-7 NUMBER: #4 -Shamrock Pharmaceutical Supplies Transfer	ADDENDUM TO PAGE 1				

MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018
GENERAL FUND BY:	F1 2017-2010	(T) (I)	1 2017-2010
STATUTORY DEDICATIONS			
Health Care Facility Fund (H12)	\$1,633,679	\$0	\$1,633,679
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	. \$0	\$0	\$0
SUBTOTAL (to Page 1)	\$1,633,679	\$0	\$1,633,679

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds? The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in the FY18 appropriated budget. The FY18 budget for this activity is all State General Fund; the current budget includes a portion in the supplies category that is to be transferred by companion BA-7s to AAHSD, NLHSD, NEDHSA, and CLHSD to cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated. See the attached questionnaire for the breakout of funding to be transferred, by district.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:					
DIRECT	-\$189,640	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	-\$189,640	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below. Not applicable.

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

OBH maintained in the FY18 Shamrock Pharmacy budget funding for pharmaceutical supplies for certain districts that will no longer be dispensed by Shamrock Pharmacy for the last eight months of the fiscal year. This transfer of funding is part of the planned implementation of Shamrock closure.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

This is not an after-the-fact BA-7.

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

None. This BA-7 transfers funding for pharmaceutical supplies that would normally be covered under OBH's budget, but will now be assumed by certain districts.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

OR JECTIVE.	
OBJECTIVE:	

4		PERF	ORMANCE STAN	NDARD
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT FY 2017-2018	ADJUSTMENT (+) OR (-)	REVISED FY 2017-2018

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

None.

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

This BA-7 transfers funding for pharmaceutical supplies among LDH agencies, but will not change the number of clients who benefit from the services.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Some clients in certain districts may not receive necessary medications, due to lack of funding.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: ADMINISTRATION AND SUPPORT

	CURRENT	REQUESTED	REQUESTED REVISED		ADJUSTMENT OUTYEAR PROJECTIONS				
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022		
GENERAL FUND BY:				4					
Direct	\$5,192,289	\$0	\$5,192,289	\$0	\$0	\$0	\$0		
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Fees & Self-Generated	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Statutory Dedications *	\$54,289	\$0	\$54,289	\$0	\$0	\$0	\$0		
FEDERAL FUNDS	\$1,699,496	\$0	\$1,699,496	\$0	\$0	\$0	\$0		
TOTAL MOF	\$6,946,074	\$0	\$6,946,074	\$0	\$0	\$0	\$0		
TOTAL WOF	\$0,940,074	\$0	\$0,940,074	Ψ.	Ψ	Ψ0	ų.		
EXPENDITURES:				0.0	40	# D	#0		
Salaries	\$3,086,230	\$0	\$3,086,230	\$0	\$0	\$0	\$0		
Other Compensation	\$363,170	\$0	\$363,170	\$0	\$0	\$0	\$0		
Related Benefits	\$2,034,127	\$0	\$2,034,127	\$0	\$0	\$0	\$0		
Travel	\$25,193	\$0	\$25,193	\$0	\$0	\$0	\$0		
Operating Services	\$19,180	\$0	\$19,180	\$0	\$0	\$0	\$0		
Supplies	\$49,898	\$0	\$49,898	\$0	\$0	\$0	\$0		
Professional Services	\$147,918	\$0	\$147,918	\$0	\$0	\$0	\$0		
Other Charges	\$19,746	\$0	\$19,746	\$0	\$0	\$0	\$0		
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Interagency Transfers	\$1,200,612	\$0	\$1,200,612	\$0	\$0	\$0	\$0		
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
TOTAL EXPENDITURES	\$6,946,074	\$0	\$6,946,074	\$0	\$0	\$0	\$0		
TOTAL EXI ENDITORED	ψ0,040,014		ψο,στο,στ	ļ					
POSITIONS									
Classified	40	0	40	0	0	0	0		
N.TO. N. 52	- X-, I				0	0	0		
Unclassified	2	0	2	0			0		
TOTAL T.O. POSITIONS	42	0	42	0	0	0			
OTHER CHARGES POSITIONS	0	0	0	0	0	0	0		
NON-TO FTE POSITIONS	5	0	5	0	0	0	0		
TOTAL POSITIONS	47	0	47	0	0	0	0		
Statutory Dedications:									
Gaming Fund (H10)	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0		
Tobacco Tax Fund (E32) [Select Statutory Dedication]	\$54,289 \$0	\$0 \$0	\$54,289 \$0	\$0 \$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$(
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$(

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: ADMINISTRATION AND SUPPORT

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
	1					
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: BH COMMUNITY

MEANO OF FINANCING	CURRENT	REQUESTED	REVISED	ADJU	JSTMENT OUTY	EAR PROJECTION	DJECTIONS	
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	
GENERAL FUND BY:								
Direct	\$10,544,832	(\$189,640)	\$10,355,192			-		
Interagency Transfers	\$4,437,952	\$0	\$4,437,952	\$0	\$0	\$0	\$0	
Fees & Self-Generated	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Statutory Dedications *	\$4,900,477	\$0	\$4,900,477	\$0	\$0	\$0	\$0	
FEDERAL FUNDS	\$51,604,391	\$0	\$51,604,391	\$0	\$0	\$0	\$0	
TOTAL MOF	\$71,487,652	(\$189,640)	\$71,298,012	\$0	\$0	\$0	\$0	
EXPENDITURES:								
Salaries	\$1,883,577	\$0	\$1,883,577	\$0	\$0	\$0	\$0	
Other Compensation	\$1,046,357	\$0	\$1,046,357	\$0	\$0	\$0	\$0	
Related Benefits	\$4,153,326	\$0	\$4,153,326	\$0	\$0	\$0	\$0	
Travel	\$41,059	\$0	\$41,059	\$0	\$0	\$0	\$0	
Operating Services	\$206,001	\$0	\$206,001	\$0	\$0	\$0	\$0	
Supplies	\$467,315	(\$189,640)	\$277,675	\$0	\$0	\$0	\$0	
Professional Services	\$57,276	\$0	\$57,276	\$0	\$0	\$0	\$0	
Other Charges	\$24,753,434	\$0	\$24,753,434	\$0	\$0	\$0	\$0	
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$38,879,307	\$0	\$38,879,307	\$0	\$0	\$0	\$0	
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$71,487,652	(\$189,640)	\$71,298,012	\$0	\$0	\$0	\$0	
POSITIONS								
Classified	28	0	28	0	0	0	0	
Unclassified	0	0	0	0	0	0	0	
TOTAL T.O. POSITIONS	28	0	28	0	0	0	0	
OTHER CHARGES POSITIONS	6	0	6	0	0	0	0	
NON-TO FTE POSITIONS	20	0	20	0	0	0	0	
TOTAL POSITIONS	54	0	54	0	0	0	0	
* Statutory Dedications:								
Gaming Fund (H10)	\$2,583,873	\$0	\$2,583,873	\$0	\$0	\$0	\$0	
Tobacco Tax Fund (E32)	\$2,316,604	\$0	\$2,316,604	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	
[Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0	\$0	
[Select Statutory Dedication] [Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: BH COMMUNITY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	(\$189,640)	\$0	\$0	\$0	\$0	(\$189,640)
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	(\$189,640)	\$0	\$0	\$0	\$0	(\$189,640)
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	(\$189,640)	\$0	\$0	\$0	\$0	(\$189,640)
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 3 NAME: HOSPITAL BASED TREATMENT

	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PRO			DJECTIONS		
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022		
GENERAL FUND BY:									
Direct	\$86,470,378	\$0	\$86,470,378	\$0	\$0	\$0	\$0		
Interagency Transfers	\$67,830,432	\$0	\$67,830,432	\$0	\$0	\$0	\$0		
Fees & Self-Generated	\$485,309	\$0	\$485,309	\$0	\$0	\$0	\$0		
Statutory Dedications *	\$1,633,679	\$0	\$1,633,679	\$0	\$0	\$0	\$0		
FEDERAL FUNDS	\$985,174	\$0	\$985,174	\$0	\$0	\$0	\$0		
TOTAL MOF	\$157,404,972	\$0	\$157,404,972	\$0	\$0	\$0	\$0		
				,					
EXPENDITURES:		поводновимовичновичнование сически							
Salaries	\$65,139,633	\$0	\$65,139,633	\$0	\$0	\$0	\$0		
Other Compensation	\$3,092,726	\$0	\$3,092,726	\$0	\$0	\$0	\$0		
Related Benefits	\$41,860,153	\$0	\$41,860,153	\$0	\$0	\$0	\$0		
Travel	\$141,227	\$0	\$141,227	\$0	\$0	\$0	\$0		
Operating Services	\$9,611,091	\$0	\$9,611,091	\$0	\$0	\$0	\$0		
Supplies	\$9,673,569	\$0	\$9,673,569	\$0	\$0	\$0	\$0		
Professional Services	\$6,882,189	\$0	\$6,882,189	\$0	\$0	\$0	\$0		
Other Charges	\$7,280,096	\$0	\$7,280,096	\$0	\$0	\$0	\$0		
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
Interagency Transfers	\$13,435,989	\$0	\$13,435,989	\$0	\$0	\$0	\$0		
Acquisitions	\$128,299	\$0	\$128,299	\$0	\$0	\$0	\$0		
Major Repairs	\$160,000	\$0	\$160,000	\$0	\$0	\$0	\$0		
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
TOTAL EXPENDITURES	\$157,404,972	\$0	\$157,404,972	\$0	\$0	\$0	\$0		
	, , , , , , , , , , , , , , , , , , , ,		1						
POSITIONS									
Classified	1,327	0	1,327	0	0	0	0		
Unclassified	13	0	13	0	0	0	0		
TOTAL T.O. POSITIONS	1,340	0	1,340	0	0	0	0		
OTHER CHARGES POSITIONS	0	0	0	0	0	0	0		
NON-TO FTE POSITIONS	60	0	60	0	0	0	0		
TOTAL POSITIONS	1,400	0	1,400	0	0	0	0		
	,,	_	, , , , , , , , , , , , , , , , , , , ,						
				The second secon					
* Statutory Dedications:									
Gaming Fund (H10)	\$0	\$0	\$0	\$0	\$0	\$0	\$0 \$0		
Tobacco Tax Fund (E32)	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0		
Health Care Facility Fund (H12)	\$1,633,679	\$0	\$1,633,679	\$0	\$0 \$0	\$0	\$0		
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0		

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 3 NAME: HOSPITAL BASED TREATMENT

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
	1					
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 4 NAME:	AUXILIARY
-----------------	-----------

	CURRENT	REQUESTED	REVISED	ADJU	JSTMENT OUTY	EAR PROJECTI	JECTIONS	
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	
GENERAL FUND BY:								
Direct	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Fees & Self-Generated	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0	
Statutory Dedications *	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
				\$0	\$0	\$0	\$0	
TOTAL MOF	\$20,000	\$0	\$20,000	20	φυ	фО	Ψ	
EXPENDITURES:								
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$C	
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Other Charges	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0	
A STATE OF THE STA	45.333.33			\$0	\$0	\$0	\$0	
Debt Services	\$0	\$0	\$0		\$0	\$0	\$0	
Interagency Transfers	\$0	\$0	\$0	\$0				
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$C	
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$20,000	\$0	\$20,000	\$0	\$0	\$0	\$0	
POSITIONS		1075111102110101013111021111011100110001111001100						
Classified	0	0	0	0	0	0	0	
Unclassified	0	0	0	0	0	0	0	
TOTAL T.O. POSITIONS	0	0	0	0	0	0	O	
OTHER CHARGES POSITIONS	0	0	0	0	0	0	C	
			0	0	0	0	C	
NON-TO FTE POSITIONS	0	0					0	
TOTAL POSITIONS	0	0	0	0	0	0		
Statutory Dedications:								
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$(
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0 \$0	\$(\$(
[Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$(
[Select Statutory Dedication] [Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$(
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$	

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 4 NAME: AUXILIARY

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

BA-7 QUESTIONNAIRE

GENERAL PURPOSE

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in the FY18 appropriated budget. The current budget includes a portion in the supplies category that is to be transferred to Acadiana Area Human Services District (AAHSD), Northwest Louisiana Human Services District (NLHSD), Northeast Delta Human Services Authority (NEDHSA), and Central Louisiana Human Services District (CLHSD) to cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

This BA-7 reduces OBH State General Fund (SGF) by \$189,640 within the supplies category, and transfers the SGF by companion BA-7s to AAHSD - \$116,840; NLHSD - \$41,982; NEDHSA - \$28,792; and CLHSD - \$2.026.

REVENUES

SGF (\$189,640)

State General Fund within the OBH Pharmaceutical Patient Assistance Program (PAP) and Behavioral Health Pharmaceutical Policy activity, to be transferred to certain districts as stated above.

EXPENDITURES

The supplies budget to be transferred was determined by an analysis of the funding for medications dispensed for AAHDS, NLHSD, NEDHSA, and CLHSD by Shamrock Pharmacy for the first eight months of FY16. OBH maintained in the F18 Shamrock Pharmacy budget funding for pharmaceutical supplies for these districts that will no longer be dispensed by Shamrock Pharmacy for the last eight months of the fiscal year; this transfer of funding is part of the planned implementation of Shamrock closure.

Program	ORG	OBJ	Amount	MOF
200	7051	3110	(\$189,640)	SGF

OTHER

Contact: Christel L. Fulton Program Manager – Budget - Administration (225) 342-7883

DEPARTMENT: Louisiana Departr	ment of Health			OR OPB U	ISE ONLY	
AGENCY: Office of Behavorial He	alth		OPB LOG NUM	MBER	AGENDA NUME	BER
SCHEDULE NUMBER: 09-330			100			
SUBMISSION DATE: November 1,	2017		Approval and Authority	Act 3a	17 2nd ELS-Schel	W. 09
AGENCY BA-7 NUMBER: #5 -1 TO OBH	Transfer from M	VA to		Division of A	dministration	amble
HEAD OF BUDGET UNIT: James E	. Hussey, M.D.				ning & Budget	
TITLE: Assistant Secretary			1 _	DEC 0	7 2017	
SIGNATURE (Certifies that the information pro your knowledge):	vided is correct and true to	o the best of		APPR	OVED	
France W. Hon	ren	177				
MEANS OF FINANCING	FY 2017-2		ADJUSTMI (+) or (-	C 100	REVISED FY 2017-20	
GENERAL FUND BY:						
DIRECT	\$102	2,207,499		\$0	\$102,	207,499
INTERAGENCY TRANSFERS	\$72	2,268,384		\$0	\$72,	268,384
FEES & SELF-GENERATED		\$505,309		\$0	\$	505,309
STATUTORY DEDICATIONS	\$6	5,588,445		\$0	\$6,	588,445
Compulsive & Problem Gaming Fund (H10)		\$2,583,873		\$0	\$	2,583,873
Tobacco Tax Health Care Fund (E32)		\$2,370,893		\$0	s	2,370,893
Health Care Facility Fund (H12)		\$1,633,679		\$0	\$	1,633,679
FEDERAL		1,289,061		\$0	\$54,	289,061
TOTAL	\$235	5,858,698		\$0	\$235,	858,698
AUTHORIZED POSITIONS		1,410		1		1,411
AUTHORIZED OTHER CHARGES		6		0		6
NON-TO FTE POSITIONS		85		0		85
TOTAL POSITIONS		1,501		1		1,502
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
ADMINISTRATION AND SUPPORT	\$6,946,074	47	\$0	1	\$6,946,074	48
BH COMMUNITY	\$71,487,652	54	\$0	0	\$71,487,652	54
HOSPITAL BASED TREATMENT	\$157,404,972	1,400	\$0	0	\$157,404,972	1,400
AUXILIARY	\$20,000	0	\$0	0	\$20,000	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
< 5	\$0	0	\$0	0	\$0	0
1	\$0	0	\$0	0	\$0	0
5.5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0
TOTAL	\$235,858,698	1,501	\$0	1	\$235,858,698	1,502

DEPARTMENT: Louisiana Department of Health	FOR OPB U	SE ONLY
AGENCY: Office of Behavorial Health	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 09-330		
SUBMISSION DATE: November 1, 2017		
AGENCY BA-7 NUMBER: #5 -1 TO Transfer from MVA to OBH	ADDENDUM '	TO PAGE 1

Use this section for additional Sta The subtotal will automatically be	•	ed.	
MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS			
Health Care Facility Fund (H12)	\$1,633,679	\$0	\$1,633,679
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$1,633,679	\$0	\$1,633,679

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
***	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	. \$0	0	\$0	0
	\$0	0	\$0	. 0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

A

QUESTIONNAIRE ANALYSIS

GENERAL PURPOSE

This companion request will allow MVA to transfer one (1) T.O. position from Medical Vendor Administration to OBH under the authority of the Departments preamble which states, "the Secretary of DHH is authorized to transfer, with the approval of the Commissioner of Administration through midyear adjustments, funds and authorized positions from one budget unit to any other budget unit and/or between programs within any budget unit within this schedule. Such transfers shall be made solely to provide for the effective delivery of services by the Department, promote efficiencies and enhance the cost effective delivery of services."

REVENUES

SGF	\$0
IAT	\$0
FEE & SG	\$0
STAT DED	\$0
FED	\$0
TOTAL REVENUES	\$0

EXPENDITURES

Salaries	\$0
Other Compensation	\$0
Related Benefits	\$0
Travel	\$0
Operating Services	\$0
Supplies	\$0
Professional Services	\$0
Other Charges	\$0
Interagency Transfer	\$0
TOTAL EXPENDITURES	\$0

OTHER

Contact: Christel L. Fulton Program Manager – Budget - Administration (225) 342-7883

INTERAGENCY AGREEMENT

Interagency Agreement Between	LDH - Office of Behavioral Health (09-	and	LDH-Medical Vendor Administration (09-305)
	(Recipient Agency and #)		(Sending Agency and #)
For Fiscal Year 2017-2018	LDH - Office of Behavioral Health (09-	is budae	is budgeted to receive the following revenue \$771.332
	(Agency Name and #)		0
from	LDH-Medical Vendor Administration (09-305)	24	by Interacency Transfer for the following reason(s)
	(Agency Name and #)		
The reason for the Interpretation of This agreement provide specialized behavioral behavioral behavioral services adm System of Care (CSOC)	The reason for the Interagency Agreement is: This agreement provides funding to reimburse OBH for specified OBH employees who spend a portion of their time supporting Medicaid-related specialized behavioral health services including Preadmission Screening Resident Review (PASRR), fiscal monitoring and reporting, specialized behavioral services administration, health plan management, member services and providing oversight for the implementation of the Coordinated System of Care (CSoC).	who spend a portion of Review (PASRR), fisca I providing oversight for	their time supporting Medicaid-related I monitoring and reporting, specialized the implementation of the Coordinated
Man M.	M.O.S Deanne Mill	W. (V	4114116
Recipient Agency Fiscal Officer (Print)	Recipi	Officer (Signature)	Date
Sending Agency Fiscal Officer (Print)	Sending Agency Fiscal Officer (Signature)	Officer (Signature)	11/2/16 Date
NOTE: It is the Receiving Agency's responsibility Both Agencies must submit copies of this expense).	NOTE: It is the Receiving Agency's responsibility to ensure the execution of this Agreement. Both Agencies must submit copies of this Agreement with their Budget Request (and any subsequent BA-7s as documentation for I.A.T. revenues and I.A.T expense).	sequent BA-7s as docu	mentation for I.A.T. revenues and I.A.T.

A

DEPARTMENT: HEALTH	FOR OPB USE ONLY					
AGENCY: CENTRAL LA HUMAN	SERVICES DIST	RICT	OPB LOG NUMBER AGENDA NUMBI			
SCHEDULE NUMBER: 09-376	1010					
SUBMISSION DATE: 11/2/17		-	Approval and Author	ty:A+3A	17 2nd ELS-S	c hade
AGENCY BA-7 NUMBER: #1 Sha	amrock Pharmacy	/	The second second			Pream
HEAD OF BUDGET UNIT: Micha				Division of Ac Office of Plann	lministration ling & Budget	
TITLE: Executive Director						
SIGNATURE (Certifies that the information your knowledge):	A	DEC 07	ng			
MEANS OF FINANCING	CURRE	NT	ADJUSTM	ENT	REVISE	D
	FY 2017-	2018	(+) or (-)	FY 2017-2018	
GENERAL FUND BY:						
DIRECT	\$	9,442,822		\$2,026	\$9	,444,84
INTERAGENCY TRANSFERS	\$	4,055,251		\$0		,055,25
FEES & SELF-GENERATED	\$	1,502,783	\$0		1 1 1 1 1 1	
STATUTORY DEDICATIONS		\$0	\$0		* -121	
[Select Statutory Dedication]		\$0	\$0			
[Select Statutory Dedication]	1	\$0		\$0	\$	
Subtotal of Dedications from Page 2	\$0		***	\$0		\$
EDERAL	\$0			\$0		\$(
TOTAL	\$15,000,856		\$2,026		\$15,	,002,882
AUTHORIZED POSITIONS		0	0			(
AUTHORIZED OTHER CHARGES		86	0			86
NON-TO FTE POSITIONS		0	0			0
TOTAL POSITIONS		86	0			
ROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
ROGRAM NAME:						
xecutive Administration	\$0	0	\$0	0	\$0	0
DBG OH	\$0	0	\$0	0	\$0	0
uxillary Account	\$0	0	\$0	0	\$0	0
LHSD	\$15,000,856	86	\$2,026	0	\$15,002,882	86
	\$0	0	\$0	0.	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
		0	\$0	0	\$0	0
	\$0	UI	D() I			
ototal of programs from Page 2:	\$0 \$0	0	\$0	0	\$0	0

DEPARTMENT: HEALTH	FOR OPB USE ONLY		
AGENCY: CENTRAL LA HUMAN SERVICES DISTRICT	OPB LOG NUMBER	AGENDA NUMBER	
SCHEDULE NUMBER: 09-376		v	
SUBMISSION DATE: 11/2/17	ADDENDUM TO DACE 4		
AGENCY BA-7 NUMBER: #1 Shamrock Pharmacy	ADDENDUM TO PAGE 1		

MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018	
GENERAL FUND BY:				
STATUTORY DEDICATIONS				
[Select Statutory Dedication]	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0	
SUBTOTAL (to Page 1)	\$0	\$0	\$0	

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	0

Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:					
DIRECT	\$2,026	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$2,026	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all state General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52. N/A

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will allow CLHSD to continue to provide necessary medications through our internal, onsite pharmacy once Shamrock Pharmacy is eliminated.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

<u> </u>		PERFORMANCE STANDARD				
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT	ADJUSTMENT	REVISED		
=		FY 2017-2018	(+) OR (-)	FY 2017-2018		
·						
	e e e e e e e e e e e e e e e e e e e					

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

N/A

OBJECTIVE:

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

Eliminating Shamrock Pharmacy will have no impact on CLHSD; instead of receiving pharmaceuticals from Shamrock, CLHSD will now place orders with another pharmacy.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Failure to approve this BA-7 will prevent CLHSD from purchasing necessary medications for our clients.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:	Central LA Hur	man Services D	istrict				
	CURRENT	REQUESTED	REVISED	AD.	USTMENT OUTY	EAR PROJECT	ONS
MEANS OF FINANCING:	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:							
Direct	\$9,442,822	\$2,026	\$9,444,848	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,055,251	\$0	\$4,055,251	. \$0	\$0	\$0	\$0
Fees & Self-Generated	\$1,502,783	\$0	\$1,502,783	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$15,000,856	\$2,026	\$15,002,882	\$0	\$0	\$0	\$0
1							
EXPENDITURES:	SAMPRO È II PURITTI STATUS	- inglika sa sa katasan kata k					
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0			\$0 \$0	\$0	\$0	\$0
	·	\$0	\$0			·	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$15,000,856	\$2,026	\$15,002,882	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$15,000,856	\$2,026	\$15,002,882	\$0	\$0	\$0	\$0
				Postings		ulius is sukuli Uliusus avasas la	
POSITIONS				**************************************			
Classified	0	0	0	0	0	0	0
Unclassified '	0	0	0	0	0	0	0
TOTAL T.O. POSITIONS	0	0	0	0	0	0	0
OTHER CHARGES POSITIONS	86	0	86	0	0	0	0
NON-TO FTE POSITIONS	0	0	0	0	0	0	0
TOTAL POSITIONS	86	0	86	0	0	0	0
* Statutory Pedications:							
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
[Select Statutory Dedication]	\$0 \$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	\$0	\$0 \$0	\$0 \$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

Central LA Human Services District

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$2,026	\$0	\$0	\$0	\$0	\$2,026
EXPENDITURES:				_		
Salaries	\$0	. \$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	. \$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$2,026	\$0	\$0	\$0	\$0	\$2,026
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$,0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$2,026	\$0	\$0	\$0	\$0	\$2,026
OVER / (ÙNDER)	\$0	\$0	\$0	\$0	\$0	\$0

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

(2) The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all State General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

REVENUES

STATE GENERAL FUND: Provides for the ordinary operating expenses of CLHSD for FY2017-2018 per Act 3 of the 2017 Second Extraordinary Legislative Session.

EXPENDITURES

- (9) SGF/direct other charges will be increased by \$2,026 due to OBH eliminating Shamrock Pharmacy. The expenditures will be the cost of medications for the last eight months of FY18; these medications were previously provided by the Shamrock Pharmacy.
- (10) Funds became available through OBH's elimination of Shamrock Pharmacy.
- (11) Object code = 3720

OTHER

Dr. Michael DeCaire Executive Director 318-487-5191 Michael DeCaire@LA GOV

Karin Shrader Chief Fiscal Officer 318-487-5030 Michael.DeCaire@LA.GOV

DEPARTMENT: HEALTH AND HO	FOR OPB USE ONLY						
AGENCY: NORTHWEST LA HUM	OPB LOG NUMBER AGENDA NUM				BER		
SCHEDULE NUMBER: 09-377	107						
SUBMISSION DATE: NOVEMBER	Approval and Authority: Act 3 of 17 2nd Els - Schedule						
AGENCY BA-7 NUMBER: #1	-	MATERIAL PROPERTY.	vision of Adı	- Commission of the Commission	eambl		
HEAD OF BUDGET UNIT: DOUG				ng & Budget			
TITLE: EXECUTIVE DIRECTOR			DEC 07	2017			
SIGNATURE (Certifies that the information p		Ale	APPRO	2			
MEANS OF FINANCING	CURREN FY 2017-2	100000	ADJUSTMENT (+) or (-)		REVISED FY 2017-2018		
GENERAL FUND BY:							
DIRECT	\$7	,330,614			\$41,982	\$7,	372,596
INTERAGENCY TRANSFERS	\$4	,440,555			\$0	\$4,	440,555
FEES & SELF-GENERATED	\$1	\$1,500,000		\$0		\$1,	500,000
STATUTORY DEDICATIONS	\$0		\$0				
[Select Statutory Dedication]	\$0 \$0			\$0			\$0
[Select Statutory Dedication] Subtotal of Dedications from Page 2				\$0			
FEDERAL	\$0 \$0				\$0 \$0		\$0
TOTAL	\$13	\$13,271,169			\$41,982	642	\$0
AUTHORIZED POSITIONS	0			0		\$13,	313,151
AUTHORIZED OTHER CHARGES		99		0			99
NON-TO FTE POSITIONS		0	0				
TOTAL POSITIONS		99	0			0	
TOTALTOOMONO		33				99	
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLAR	RS	POS	DOLLARS	POS
PROGRAM NAME:							
Executive Administration	\$0	0		\$0	0	\$0	0
CDBC SH	\$0	0		\$0	0	\$0	0
Auxillary Account	\$0	0		\$0	0	\$0	0
NLHSD	13271,169 50	99 0	41,982	\$0	0	13,313,151 30-	99 0
	\$0	0		\$0	0	\$0	0
	\$0	0		\$0		\$0	0
10	\$0	0		\$0 0		\$0	0
	\$0	0		\$0	0	\$0	0
	\$0	0	***************************************	\$0	0	\$0	0
	\$0	0		\$0	0	\$0	0
Subtotal of programs from Page 2:	O \$13,271,169	0 99	O \$4*	1,982	0	○ \$13,313,15 1	O-99
TOTAL	\$13,271,169	99	\$41	1,982	0	\$13,313,151	99

DEPARTMENT: HEALTH AND HOSPITALS	FOR OPB USE ONLY		
AGENCY: NORTHWEST LA HUMAN SERVICES DISTRICT	OPB LOG NUMBER	AGENDA NUMBER	
SCHEDULE NUMBER: 09-377			
SUBMISSION DATE: NOVEMBER 6, 2017	ADDENDUM TO PAGE 1		
AGENCY BA-7 NUMBER: #1			

MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS	a di di katan da		<u> Tribada kalenda kida kataria kulupat kada babatan da kalenda kida kataria.</u>
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0

PROGRAM EXPENDITURES	DOLLARS POS I		DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
N LHSD (PROGRAM 100)	6 \$13,271,16 9	න -99	D \$41,982	0	\$13,313,151	2 99
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
SUBTOTAL (to Page 1)	○ \$13,271,169	0 99	7) \$41,982	0	\$43,313,151	∂~99

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Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds?

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING	EV 2017-2018	EV 2018-2019	FY 2019-2020	EV 2020 2024	EV 2024 2022
OR EXPENDITURE	1 1 2017-2010	112010-2019	FT 2015-2020	F1 2020-2021	F 1 2021-2022
GENERAL FUND BY:					
DIRECT	\$41,982	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$41,982	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: N/A

4. Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all State General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

No expenditures have been made.

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1. Identify and explain the programmatic impacts (positive or negative) that will result from the approval of this BA-7.

Approval of this BA-7 will cover the cost of medications for the last eight months of FY18 once Shamrock Pharmacy is eliminated. The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. There will be no programmactic impacts to the District.

2. Complete the following information for each objective and related performance indicators that will be affected by this request. (Note: Requested adjustments may involve revisions to existing objectives and performance indicators or creation of new objectives and performance indicators. Repeat this portion of the request form as often as necessary.)

ш		PERF(DRMANCE STAN	STANDARD				
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT	ADJUSTMENT	REVISED				
		FY 2017-2018	(+) OR (-)	FY 2017-2018				
1100-101-1								

-								
···············								

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

N/A

OBJECTIVE: N/A

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

N/A

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

Failure to approve this BA-7 will not allow our District to have sufficient Budget authority for the remainder of FY18 to cover the cost of medications for the last eight months of the fiscal year once Shamrock Pharmacy is eliminated. The elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017 was enacted in FY18 appropriation budget. The FY18 budget for this activity is all State General Fund and is in the supplies category.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT PROGRAM 1 NAME: NORTHWEST LOUISIANA HUMAN SERVICES DISTRICT CURRENT REQUESTED REVISED ADJUSTMENT OUTYEAR PROJECTIONS MEANS OF FINANCING: FY 2017-2018 ADJUSTMENT FY 2017-2018 FY 2018-2019 FY 2019-2020 FY 2020-2021 FY 2021-2022 GENERAL FUND BY: Direct \$41,982 \$7,330,614 \$7,372,596 \$0 \$0 \$0 \$0 Interagency Transfers \$4,440,555 \$Ö \$4,440,555 \$0 \$0 \$0 \$0 Foes & Self-Generated \$1,500,000 \$0 \$1,500,000 \$0 \$0 \$0 \$0 Statutory Dedications * \$0 \$0 \$0 \$0 \$0 \$0 FEDERAL FUNDS \$0 \$0 \$0 \$0 \$0 \$0 \$0 TOTAL MOF \$13,271,169 \$41,982 \$13,313,151 \$0 \$0 \$0 \$0 EXPENDITURES: Salaries \$0. \$0 \$0 \$0 \$0 \$0 \$0 Other Compensation \$0 50 \$0 \$0. \$0 \$0 \$0 Related Benefits \$0 \$0 \$0 \$0 \$0 \$0 \$0 Travel \$0 \$0 \$0 \$0 \$0 \$0 \$0 Operating Services \$0 \$0 \$0 \$0 \$0 \$0 \$0 Supplies \$0 \$0 \$0 \$0 \$0 \$0 \$0 Professional Services \$0 \$0 \$0 \$0 \$0 \$0 \$0 Other Charges \$13,271,169 \$41,982 \$13,313,151 \$0 \$0 \$0 \$0 **Debt Services** \$0 \$0 \$0 \$0 \$0 \$0 \$0 Interagency Transfers \$0 \$0 \$0 \$0 \$0 \$0 \$0 Acquisitions \$0 \$0 \$0 \$0 \$0 \$0 \$0 Major Repairs \$0 \$0 \$0 \$0 \$0 \$0 \$0 UNALLOTTED \$0 \$0 \$0 \$0 \$0 \$0 50 TOTAL EXPENDITURES \$13,271,169 \$41,982 \$13,313,151 \$0 \$0 \$0 \$0 POSITIONS Classified Q 0 0 0 0 0 0 Unclassified 0 0 0 Ø 0 0 Û TOTAL T.O. POSITIONS 0 0 0 0 O 0 ð OTHER CHARGES POSITIONS 99 0 99 0 0 Ó 0 NON-TO FTE POSITIONS 0 0 0 0 Õ 0 Õ TOTAL POSITIONS 99 Ô 99 0 0 0 0 Statutory Dedications: [Select Statutory Dedication] \$Ö \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 50 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Statutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0 [Select Stalutory Dedication] \$0 \$0 \$0 \$0 \$0 \$0 \$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$41,982	\$0	\$0	\$0	\$0	\$41,982
		a grand block bridge				
EXPENDITURES:						THE THE STATE OF T
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$41,982	\$0	\$0	\$0	\$0	\$41,982
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$41,982	\$0	\$0	\$0	\$0	\$41,982
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

1. This BA-7 is submitted in due to the elimination of the Office of Behavioral Health (OBH) Shamrock Pharmacy on November 1, 2017. This elimination was enacted in FY18 appropriation budget. The FY18 budget for this activity is all State General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18, once Shamrock Pharmacy is eliminated.

Program: 100 - Northwest Louisiana Human Services District (NLHSD)

REVENUES (2 – 8)

(Explain the means of financing, Provide details including Source, authority to spend, etc.)

State General Funds \$41,982

3. Interagency Transfers N/A

4. Fees & Self-Generated N/A

Statutory DedicationsN/A

6. Interim Emergency Board Appropriations N/A

7. Federal Funds N/A

8. All Grants N/A

EXPENDITURES (9-11)

- Provide detailed expenditure information including how the amount requested was calculated.
 The FY18 budget for this activity is all State General Fund and is in the supplies category. This will cover the cost of medications for the last eight months of FY18. Expenditures will consist of supplies.
- If funds are being transferred, please explain how excess funds became available N/A
- 11. Provide object details as part of explanation.
 Object class to be used: 3730

DEPARTMENT: EDUCATION		FOR OPB USE ONLY							
AGENCY: RECOVERY SCHOOL D	ISTRICT		OPB LOG NUI	MBER	AGENDA NUMI	BER			
SCHEDULE NUMBER: 19D-682			836)					
SUBMISSION DATE: 9/8/17			Approval and Authority: R s . 39.73 C . 1						
AGENCY BA-7 NUMBER: 18-1 REV	/ISED								
HEAD OF BUDGET UNIT: BETH SO			Division of Administration						
TITLE: DEPUTY SUPERINTENDEN		MENT &		Office of Plan	ning & Budget				
FINANCE			2	DEC 0	7 2017				
SIGNATURE (Certifies that the information prov your knowledge):				APPR	OVED				
Kattlyn for Beth	Scionean				A Complete Control West States				
MEANS OF FINANCING	CURRÉN	IT.	ADJUSTM	ENT	REVISED				
	FY 2017-2	018	(+) or (-)	FY 2017-20	18			
GENERAL FUND BY:		IC.			Burn Control				
DIRECT		\$458,594		\$0	\$	458,594			
INTERAGENCY TRANSFERS	\$194	,483,251		\$0	\$194,	483,251			
FEES & SELF-GENERATED	\$40	,226,716		\$0	\$40,	226,716			
STATUTORY DEDICATIONS		\$0		\$0		\$0			
[Select Statutory Dedication]		\$0		\$0		\$0			
[Select Statutory Dedication]		\$0		\$0		\$0			
Subtotal of Dedications from Page 2		\$0		\$0		\$0			
FEDERAL		\$500,000		\$0		500,000			
TOTAL	\$235	,668,561	\$0		\$235,	668,561			
AUTHORIZED POSITIONS		0	0						
AUTHORIZED OTHER CHARGES	0			0		0			
NON-TO FTE POSITIONS		99		0	99				
TOTAL POSITIONS		99		0	99				
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS			
PROGRAM NAME:									
INSTRUCTION	\$18,241,977	99	\$2,356,68	7000 0	\$20,598,663	99			
CONSTRUCTION	\$217,426,584	0	(\$2,356,686)	gow o	\$215,069,898	John 0			
	\$0	0	\$0	0	\$0	0			
7	\$0	0	\$0	0	\$0	0			
	\$0	0	\$0	0	\$0	0			
	\$0	0	\$0	0	\$0	0			
7 16	\$0	0	\$0	0	\$0	0			
	\$0	0	\$0	0	\$0	0			
	\$0	0	\$0						
				0	\$0	0			
Cubtatal of programs from Done Co	\$0	0	\$0	0	\$0	0			
Subtotal of programs from Page 2:	\$0	0	\$0	0	\$0	0			
TOTAL	\$235,668,561	99	\$0	0	\$235,668,561	99			

BA-7 FORM (6/1/2017) Page 1

DEPARTMENT: EDUCATION	FOR OPB USE ONLY					
AGENCY: RECOVERY SCHOOL DISTRICT	OPB LOG NUMBER	AGENDA NUMBER				
SCHEDULE NUMBER: 19D-682						
SUBMISSION DATE: 9/8/17	ADDENDUM TO PAGE 1					
AGENCY BA-7 NUMBER: 18-1 REVISED						

MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS			
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0

PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
INSTRUCTION	\$0	0	\$0	0	\$0	C
CONSTRUCTION	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	C
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
	\$0	0	\$0	0	\$0	(
SUBTOTAL (to Page 1)	\$0	0	\$0	0	\$0	(

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Policy and Procedure Memorandum No. 52, Revised, requires that all Requests for Changes in Appropriation be fully documented. At a minimum, the following questions and statements must be answered. Use Continuation Sheets as needed. FAILURE TO ANSWER ALL QUESTIONS COMPLETELY WILL BE CAUSE TO RETURN THIS DOCUMENT WITHOUT ACTION.

1. What is the source of funding (if other than General Fund (Direct))? Specifically identify any grant or public law and the purposes of the funds, if applicable. A copy of any grant application and the notice of approved grant or appropriation must accompany the BA-7. What are the expenditure restrictions of the funds? This BA-7 is in accordance with Title 39 - R.S. 39:73C(1) - "The commissioner of administration may approve the transfer of funds between programs within a budget unit which in the aggregate do not exceed one percent of the total appropriation of the budget unit when sufficient evidence is presented to the commissioner of administration indicating that the operations of the budget unit or programs are being or will be impaired without such transfers. Such transfer shall include adjustment of any performance standards which are impacted by the transfer of funds."

This BA-7 seeks to transfer \$2,356,686 in budget authority from Inter-Agency Transfer from the Recovery School District (RSD), Program 4000, Construction Program, to Program 1000, the Instruction Program, for costs associated with the operation of the Linwood Public Charter School (Linwood School). Linwood School began operation in 2009 after the Board of Elementary and Secondary Education (BESE) approved the transfer of the school from the Caddo Parish School System to the RSD for operation as a Type 5 charter school. However, BESE denied the operator's request for a second renewal term due to the school's failure to meet the required minimum academic performance criteria. The RSD will contract with a vendor for the 2017-2018 school year to provide educational services for students at this school while searching for a new charter operator for the 2018-2019 school year.

Because this arrangement was not finalized until after the legislative sessions of 2017, funds were not appropriated in Instruction's budget for their expenditures. The RSD Construction Program was initially budgeted to spend \$7.7M in FY 2017-18 to complete the Avery Alexander School project. The project began in FY 2015-16 and is in the final stages of completion. \$27.4M of the \$29.3M contract was paid through FY 2016-17, resulting in excess budget authority in the amount of \$2.3M in FY 2017-18's budget.

Not including this request, the amount previously authorized under the provisions of this law totals \$2,356,686 or 1% of the total appropriation of this budget unit. If this request is approved, the amount will be \$2,356,686 or 1% of the total appropriation of this budget unit.

2. Enter the financial impact of the requested adjustment for the next four fiscal years.

MEANS OF FINANCING OR EXPENDITURE	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:				1	
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0

If this action requires additional personnel, provide a detailed explanation below: N/A

 Explain why this request can't be postponed for consideration in the agency's budget request for next fiscal year.

N/A

5. Is this an after the fact BA-7, e.g.; have expenditures been made toward the program this BA-7 is for? If yes, explain per PPM No.52.

This is not an after the fact BA-7.



PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

1.	Identify	and	explain	the p	rogram	matic	impacts	(positive	or	negative)	that wil	I result	from	the	approva	al of th	nis
B	A-7.																

There is no programmatic impact associated with this BA-7.

2. Complete the following information for each objective and related	performance indicators that will be affected
by this request. (Note: Requested adjustments may involve revisio	ns to existing objectives and performance
indicators or creation of new objectives and performance indicators.	Repeat this portion of the request form as
often as necessary.)	

		PERF	ORMANCE STAN	NDARD
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT	ADJUSTMENT	REVISED
7		FY 2017-2018	(+) OR (-)	FY 2017-2018
-				
-				

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).

3. Briefly explain any performance impacts other than or in addition to effects on objectives and performance indicators. (For example: Are there any anticipated direct or indirect effects on program management or service recipients? Will this BA-7 have a positive or negative impact on some other program or agency?)

There is no performance impact.

OBJECTIVE:

PERFORMANCE IMPACT OF MID-YEAR BUDGET ADJUSTMENT

4. If there are no performance impacts associated with this BA-7 request, then fully explain this lack of performance impact.

There is no performance impact.

5. Describe the performance impacts of failure to approve this BA-7. (Be specific. Relate performance impacts to objectives and performance indicators.)

There is no performance impact.

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PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: INSTRUCTION

MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED		ADJI	JSTMENT OUTY	EAR PROJECTION	ONS
WILANS OF FINANCING.	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 201	8-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:								
Direct	\$458,594	\$0	\$458,594		\$0	\$0	\$0	\$0
Interagency Transfers	\$11,436,667	\$2,356,686	313,793,3534	Duns	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$6,346,716	\$0	\$6,346,716		\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$0	\$0		\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0		\$0	\$0	\$0	\$0
TOTAL MOF	\$18,241,977	\$2,356,686	\$20,598,66,84	ohi	\$0	\$0	\$0	\$0
	1 N ₁							
EXPENDITURES:								
Salaries	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Other Compensation	\$3,018,600	\$284,427	\$3,303,027		\$0	\$0	\$0	\$0
Related Benefits	\$1,598,582	\$0	\$1,598,582		\$0	\$0	\$0	\$0
Travel	\$35,000	\$0	\$35,000		\$0	\$0	\$0	\$0
Operating Services	\$1,500,385	\$0	\$1,500,385		\$0	\$0	\$0	\$0
Supplies	\$200,000	\$0	\$200,000		\$0	\$0	\$0	\$0
Professional Services	\$1,413,168	\$0	\$1,413,168		\$0	\$0	\$0	\$0
Other Charges	\$6,618,995	\$472,259	\$7,091,254		\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Interagency Transfers	\$636,129	\$1,600,000	\$2,236,129	game 1	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0		\$0	\$0	\$0	\$0
Major Repairs	\$3,221,118	\$0	\$3,221,118		\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0		\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$18,241,977	\$2,356,6865	\$20,598,663	gow	\$0	\$0	\$0	\$0
is miles to the field		3500			- 5 - 5 11/4		W 1	117 8
POSITIONS								
Classified	0	.0	0		0	0	0	0
Unclassified	0	0	0		0	0	0	0
TOTAL T.O. POSITIONS	0	0	0		0	0	0	0
OTHER CHARGES POSITIONS	0	0	0		0	0	0	0
NON-TO FTE POSITIONS	99	0	99		0	0	0	0
TOTAL POSITIONS	99	0	99		0	0	0	0
			W-3-1/1/1	6				
* Statutory Dedications:								
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	-	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0	-	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0	-	\$0	\$0	\$0	\$0

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME:

INSTRUCTION

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$2,356,686	0\$ Sung ,	\$0	\$0	\$2,356,686
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$284,427	\$0	\$0	\$0	\$284,427
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$204,427
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$472,259	\$0	\$0	\$0	\$472,259
Debt Services	\$0	\$472,239	\$0	\$0	\$0	\$472,259
Interagency Transfers	\$0	AP A	gxw) \$0	\$0	\$0	\$1,60 0,00 0
Acquisitions	\$0					
		\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$2,356,686	JAW \$0	\$0	\$0	\$2,356,686
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS		Partition of the 1890 of the				
Classified	\$0	\$0	\$0	\$0	\$0	\$0
Unclassified	\$0	\$0	\$0	\$0	\$0	\$(
TOTAL T.O. POSITIONS	\$0	\$0	\$0	\$0	\$0	\$0
OTHER CHARGES POSITIONS	\$0	\$0	\$0	\$0	\$0	\$(
NON-TO FTE POSITIONS	\$0	\$0	\$0	\$0	\$0	\$(
TOTAL POSITIONS	\$0	\$0	\$0	\$0	\$0	\$(

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PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: CONSTRUCTION

MEANS OF FINANCING:	CURRENT	REQUESTED	ESTED REVISED		ADJUSTMENT OUTYEAR PROJECTIONS				
WILANS OF FINANCING.	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2	2019	FY 2019-2020	FY 2020-2021	FY 2021-2022	
GENERAL FUND BY:									
Direct	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Interagency Transfers	\$183,046,584	(\$2,356,68)	\$180,689,898	1 mg	\$0	\$0	\$0	\$0	
Fees & Self-Generated	\$33,880,000	\$0	\$33,880,000		\$0	\$0	\$0	\$0	
Statutory Dedications *	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
FEDERAL FUNDS	\$500,000	\$0_	\$500,000		\$0	\$0	\$0	\$0	
TOTAL MOF	\$217,426,584		\$215,069,8984	2×w	\$0	\$0	\$0	\$0	
		(72,333,537)							
EXPENDITURES:									
Salaries	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Other Compensation	\$0	\$0	\$0	-	\$0	\$0	\$0	\$0	
Related Benefits	\$0	\$0		-	_				
Travel	\$0		\$0	-	\$0	\$0	\$0	\$0	
		\$0	\$0		\$0	\$0	\$0	\$0	
Operating Services	\$70,056	\$0	\$70,056		\$0	\$0	\$0	\$0	
Supplies	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Professional Services	\$34,536,704	\$0	\$34,536,704		\$0	\$0	\$0	\$0	
Other Charges	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Debt Services	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Interagency Transfers	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
Acquisitions	\$5,400,000	\$0	\$5,400,000		\$0	\$0	\$0	\$0	
Major Repairs	\$177,419,824	(\$2,356,68)	\$175,063,138	and	\$0	\$0	\$0	\$0	
UNALLOTTED	\$0	\$0_	OKW \$0		\$0	\$0	\$0	\$0	
TOTAL EXPENDITURES	\$217,426,584	(\$2,356,68\$)		grow	\$0	\$0	\$0	\$0	
46.			and the second	1				- 4	
POSITIONS									
Classified	0	0	0		0	0	0	0	
Unclassified	0	0	0	-	0	0	0	0	
TOTAL T.O. POSITIONS	0	0		_	_				
			0		0	0	0	0	
OTHER CHARGES POSITIONS	0	0	0		0	0	0	0	
NON-TO FTE POSITIONS	0	0	0		0	0	0	0	
TOTAL POSITIONS	0	0	0		0	0	0	0	
			9-7-2		- 1	44		M. 4	
August and a second a second and a second and a second and a second and a second an									
* Statutory Dedications:	2 - 4		2.0						
[Select Statutory Dedication]	\$0 \$0	\$0	\$0 \$0		\$0	\$0	\$0	\$0	
[Select Statutory Dedication] [Select Statutory Dedication]	\$0 \$0	\$0 \$0	\$0 \$0		\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0	
[Select Statutory Dedication]	\$0	\$0	\$0		\$0	\$0	\$0	\$0	

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 2 NAME: CONSTRUCTION

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	(\$2,356,68 <mark>\$</mark>)	John \$0	\$0	\$0	(\$2,356,688
			为是"表现"			
EXPENDITURES:						
Salaries	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	(\$2,356,68)	gow \$0	\$0	\$0	(\$2,356,68)
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	(\$2,356,68\$)	gsm \$0	\$0	\$0	(\$2,356,68)
		$\langle AB \rangle = \langle BB \rangle_{\rm total} + \langle AB \rangle_{\rm total}$				
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS Classified	\$0	0.0	60	C O	*	40
Unclassified	\$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
TOTAL T.O. POSITIONS	\$0	\$0	\$0	\$0	\$0	\$0 \$0
OTHER CHARGES POSIT	\$0	\$0	\$0	\$0	\$0	\$0
NON-TO FTE POSITIONS	\$0	\$0	\$0 \$0	\$0	\$0	\$0
TOTAL POSITIONS	\$0	\$0	\$0	\$0	\$0	\$0

QUESTIONNAIRE ANALYSIS

(Please reference question numbers, provide detailed information and use continuation sheets as needed.)

GENERAL PURPOSE

The purpose of this BA-7 is to comply with Title 39 - R.S. 39:73C(1) - "The commissioner of administration may approve the transfer of funds between programs within a budget unit which in the aggregate do not exceed one percent of the total appropriation of the budget unit when sufficient evidence is presented to the commissioner of administration indicating that the operations of the budget unit or programs are being or will be impaired without such transfers. Such transfer shall include adjustment of any performance standards which are impacted by the transfer of funds."

This BA-7 seeks to transfer \$2,356,686 in budget authority from Inter-Agency Transfer from the Recovery School District (RSD), Program 4000, Construction Program, to Program 1000, the Instruction Program, for costs associated with the operation of the Linwood Public Charter School (Linwood School). Linwood School began operation in 2009 after the Board of Elementary and Secondary Education (BESE) approved the transfer of the school from the Caddo Parish School System to the RSD for operation as a Type 5 charter school. However, BESE denied the operator's request for a second renewal term due to the school's failure to meet the required minimum academic performance criteria. The RSD will contract with a vendor for the 2017-2018 school year to provide educational services for students at this school while searching for a new charter operator for the 2018-2019 school year.

Because this arrangement was not finalized until after the legislative sessions of 2017, funds were not appropriated in Instruction's budget for their expenditures. The RSD Construction Program was initially budgeted to spend \$7.7M in FY 2017-18 to complete the Avery Alexander School project. The project began in FY 2015-16 and is in the final stages of completion. \$27.4M of the \$29.3M contract was paid through FY 2016-17, resulting in excess budget authority in the amount of \$2.3M in FY 2017-18's budget.

Not including this request, the amount previously authorized under the provisions of this law totals \$2,356,689 or 1% of the total appropriation of this budget unit. If this request is approved, the amount will be \$2,356,689 or 1% of the total appropriation of this budget unit.

REVENUES

(Explain the Means of Financing. Provide details including Source, authority to spend, etc.)

GENERAL FUND BY:

TOTAL	\$ 7.4
FEDERAL	\$ - 14
INTERIM EMERGENCY BOARD	\$ -
STATUTORY DEDICATIONS	\$ 11-2
FEES & SELF-GENERATED	\$
INTERAGENCY TRANSFERS	\$
DIRECT	\$ -

Program 100	
Other Compensation	\$ 284,427
Related Benefits	\$ <u> </u>
Travel	\$ 2
Operating Services	\$
Supplies	\$ 4
Professional Services	\$
Other Charges	\$ 472,259
Major Repairs	\$ 1 500 000 NM
Interagency Transfers	\$ 1,690,000
Total Expenditures	\$ 1,599,699 JAW 2,356,686 5 JAW

Total Expenditures	\$ 2,356,688 5
Program 400	
Other Compensation	\$ 4.2
Related Benefits	\$ -
Travel	\$ (-
Operating Services	\$ 4
Supplies	\$ 12
Professional Services	\$ 4
Other Charges	\$ (2,356,68¢) gdw
Major Repairs	\$ (2,356,688)
Interagency Transfers	\$
Total Expenditures	\$ (2,356,686)5
GRAND TOTAL	\$ -

OTHER

For further information, contact:

Katherine Granier

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katherine.granier@la.gov

