DEPARTMENT: LA DEPARTMEN	T OF HEALTH		FOR OPB USE ONLY				
AGENCY: MEDICAL VENDOR PA	YMENTS		OPB LOG NU		AGENDA NUM	BER	
SCHEDULE NUMBER: 09-306			205	R	<u></u>	2	
SUBMISSION DATE: March 28, 20)18		Approval and Authorit	y:	6 6	5-7	
AGENCY BA-7 NUMBER: 2R (Rev	erse UCC shift to P	rivates)	1		letive a	SE CO	
HEAD OF BUDGET UNIT: W. Jeff	Reynolds	Approv	d by the Joi	nt Legis	lative &		
TITLE: Undersecretary		Co	nmittee on th	e Budge	36 3	是加	
SIGNATURE (Certifies that the information p your knowledge):		the best of DATE:	4/18/18	WA	PK 2: 27	OVERNOR PARTION	
MEANS OF FINANCING	CURREN	IT	ADJUSTM	ENT	REVISE) -	
	FY 2017-2018		(+) or (-	•)	FY 2017-20	18	
GENERAL FUND BY:							
DIRECT	\$1,93	5,282,553		\$0	\$1,935,	282,553	
INTERAGENCY TRANSFERS	\$24	\$24,603,787		\$0	\$24,	603,787	
FEES & SELF-GENERATED	\$430	0,505,205	\$2	5,518,116	\$456,	023,321	
STATUTORY DEDICATIONS	\$82	1,238,138		\$0	\$821,238,13		
LA Medical Assistance Trust Fund (H08)	\$	608,557,289		\$0	\$60	8,557,289	
Louisiana Fund (Z13)		\$7,614,417		\$0	\$	7,614,417	
Subtotal of Dedications from Page 2	\$	205,066,432		\$0	\$20	5,066,432	
INTERIM EMERGENCY BOARD	\$0			\$0		\$0	
FEDERAL	\$8,739	9,568,913	\$4	4,760,364	\$8,784,	329,277	
TOTAL	\$11,951	1,198,596	\$7	0,278,480	\$12,021,477,0		
AUTHORIZED POSITIONS		0	0		C		
AUTHORIZED OTHER CHARGES		0	0		0		
NON-TO FTE POSITIONS		0		0		0	
TOTAL POSITIONS		0		0		0	
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS	
PROGRAM NAME:							
PAYMENTS TO PRIVATE PROVIDERS	\$10,294,415,784	0	(\$118,118,095)	0	\$10,176,297,689	0	
PAYMENTS TO PUBLIC PROVIDERS	\$220,123,243	o	\$0	0	\$220,123,243	0	
MEDICARE BUY-INS & SUPPLEMENTS	\$522,424,563 0		\$0	0	\$522,424,563	0	
UNCOMPENSATED CARE COSTS	\$914,235,006 0		\$188,396,575	0	\$1,102,631,581	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	0	
TOTAL	\$11,951,198,596	0	\$70,278,480	0	\$12,021,477,076	0	
	. , ,,				, :=,==,,,		

DEPARTMENT: LA DEPARTMENT OF HEALTH	FOR OPB USE ONLY
AGENCY: MEDICAL VENDOR PAYMENTS	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 09-306	
SUBMISSION DATE: March 28, 2018	ADDENDUM TO PAGE 1
AGENCY BA-7 NUMBER: 2R (Reverse UCC shift to Privates)	ABBENDOM TO PAGE

MEANS OF FINANCING	CURRENT	ADJUSTMENT	REVISED
	FY 2017-2018	(+) or (-)	FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS			
Health Excellence Fund (Z17)	\$26,090,316	\$0	\$26,090,316
Medicaid Trust Fund for the Elderly (H19)	\$1,733,908	\$0	\$1,733,908
Health Trust Fund (H20)	\$590,522	\$0	\$590,522
Tobacco Tax Medicaid Match Fund (H39)	\$120,294,636	\$0	\$120,294,636
Hospital Stabilization Fund (H37)	\$56,357,050	\$0	\$56,357,050
	\$0	\$0	\$0
	\$0	\$0	\$0
	\$0	\$0	\$0.
	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$205,066,432	\$0	\$205,066,432

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
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 source of funding is Self-Generated Revenue from Inter-governmental Transfers (IGT), and Federal Funds from Medicaid Title XIX of the Social Security Act.

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	\$25,518,116	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
INTERIM EMERGENCY BOARD	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$44,760,364	\$0	\$0	\$0	\$0
TOTAL	\$70,278,480	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: No additional personnel requested.

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

This BA-7 cannot be postponed because the projected expenditures in the Uncompensated Care Costs program exceed the current budget. The projected expenditures are based on not implementing the hospital Disproportionate Share Hospital (DSH) payment adjustment associated with changes to hospital payment methods intended for implementation in SFY18 but deferred pending the outcome of a hospital payment study in progress.

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 request 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.

This request reverses a hospital Disproportionate Share Hospital (DSH) payment adjustment associated with changes to hospital payment methods intended for implementation in SFY18 but deferred pending the outcome of a hospital payment study in progress. The adjustment shifted funding from the Uncompensated Care Costs Program to the Payments to Private Providers Program. This BA-7 reverses that adjustment.

Also, the hospitals eligible for DSH payments under the Major Medical Centers Northern/Central LA SPA (state plan amendment) have more available DSH cap than what was originally in the budget. This BA-7 increases the budget to allow for payments up to their projected DSH cap.

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:

Through the Uncompensated Care Costs activity, to encourage hospitals and other providers to provide access to medical care for the uninsured and reduce the reliance on State General Fund.

-		PERFORMANCE STANDARD							
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT		ADJUSTMENT		REVISED			
=		FY 2	017-2018	(+) OR (-)	FY 2	2017-2018		
S	Total DSH funds collected in millions	\$	914.2	\$	188.4	\$	1,102.6		
K	Total federal funds collected in millions	\$	589.7	\$	120.0	\$	709.7		
S	Total State Match in millions	\$	324.5	\$	68.4	\$	392.9		

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s). Approval of this BA-7 will impact the indicators listed above. These adjustments are necessary to implement this BA-7.

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?)

The approval of this BA-7 will have a positive impact since it will align the UCC programmatic budget with projected expenditures.

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

Not Applicable

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 result in Medicaid being unable to fully expend what is projected in UCC.

		4 1	EST FOR MID-	TEAR BUDGET	ADJUST ME	NI.	
PROGRAM 1 NAME:	PAYMENTS TO	PRIVATE PRO	OVIDERS				
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MEANS OF FINANCING:	CURRENT FY 2017-2018	REQUESTED ADJUSTMENT	REVISED FY 2017-2018	AD. FY 2018-2019	USTMENT OUT FY 2019-2020	YEAR PROJECT FY 2020-2021	IONS FY 2021-2022
GENERAL FUND BY:			A CONTRACTOR OF THE SECOND		112010-2020	A September 1997	11 2021-2022
Direct	\$1,432,669,353	(\$42,888,680)	\$1,389,780,673	\$0	\$0	\$0	\$0
Interagency Transfers	\$8,054,095	\$0	\$8,054,095	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$304,316,397	\$0	\$304,316,397	\$0	\$0	\$0	\$0
Statutory Dedications *	\$799,935,064	\$0	\$799,935,064	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$7,749,440,875	(\$75,229,415)		\$0	\$0	\$0	\$0
TOTAL MOF	\$10,294,415,784		\$10,176,297,689	\$0	\$0	\$0	\$0
						1	1
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	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$10,294,415,784	(\$118,118,095)	\$10,176,297,689	\$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	\$10,294,415,784	(\$118,118,095)	\$10,176,297,689	\$0	\$0	\$0	\$0
POSITIONS		90000 (900 MSCS) HINDON (500 HSCSOS) (500 MSCSOS)					
Classified	0	0	0	0	0	0	0
Unclassified	0.	. 0	0	0	0	0	0
OTAL T.O. POSITIONS	0	0	0	0	0	0	0
THER CHARGES POSITIONS	0	0	0	0	0	0	0
Statutory Dedications:				4	e de la companya de l	ere jaja	
LA Medical Assistance Trust	\$587,254,215	\$0	\$587,254,215	\$0	\$0	\$0	\$0
Fund (H08) Louisiana Fund (Z13)	\$7,614,417	\$0	\$7,614,417	\$0	\$0	\$0	. \$0
Health Excellence Fund (Z17)	\$26,090,316	\$0	\$26,090,316	\$0	\$0	\$0	\$0
Medicald Trust Fund for the	\$1,733,908						
Elderly (H19) Health Trust Fund (H20)	\$590,522	\$0 \$0	\$1,733,908	\$0	\$0 #0	\$0	\$0
Tobacco Tax Medicaid Match	\$120,294,636		\$590,522 \$420,304,636	\$0 \$0	\$0	\$0	\$0
Fund (H39) Hospital Stabilization Fund		\$0	\$120,294,636	\$0	\$0	\$0	\$0
(H37)	\$56,357,050	\$0	\$56,357,050	\$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

PROGRAM 1 NAME: PAYMENTS TO PRIVATE PROVIDERS

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	(\$42,888,680)	\$0	\$0	\$0	\$0	(\$75,229,415)	(\$118,118,095)
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	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	(\$42,888,680)	\$0	\$0	\$0	\$0	(\$75,229,415)	(\$118,118,095)
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	(\$42,888,680)	\$0	\$0	\$0	\$0	(\$75,229,415)	(\$118,118,095)
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 2 NAME: PAYMENTS TO PUBLIC PROVIDERS

MEANS OF FINANCING:	CURRENT	REQUESTED	RÉVISED	ADJ	USTMENT OUTY	EAR PROJECTION	ONS
WEANS 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	\$55,876,153	\$0	\$55,876,153	\$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 *	\$9,147,866	\$0	\$9,147,866	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$155,099,224	\$0	\$155,099,224	\$0	\$0	\$0	\$0
TOTAL MOF	\$220,123,243	\$0	\$220,123,243	\$0	\$0	\$0	\$0
					7-		70
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	\$0	\$0 \$0
Professional Services	\$0 \$0	\$0	\$0	\$0	\$0 \$0	\$0	\$0
Other Charges	\$42,752,759	\$0 \$0	\$42,752,759	\$0	\$0 \$0	\$0 \$0	\$0 \$0
Debt Services	\$0	\$0 \$0	\$42,152,155	\$0	\$0 \$0		
Interagency Transfers	\$177,370,484	\$0 \$0	\$177,370,484	\$0		\$0	\$0
Acquisitions	\$0	\$0 \$0	\$177,370,464	. proless,	\$0 \$0	\$0 \$0	\$0
				\$0		φu	\$0
UNALLOTTED	\$0 \$0	\$0	\$0	\$0	\$ 0	\$0	\$0
		\$0	\$0	\$0	ΨΟ	\$0	\$0
TOTAL EXPENDITURES	\$220,123,243	\$0	\$220,123,243	\$0	\$0	\$0	\$0
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	O	0	0
* Statutory Dedications:						· .	
LA Medical Assistance Trust Fund (H08)	\$9,147,866	\$0	\$9,147,866	\$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	\$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 2 NAME: PAYMENTS TO PUBLIC PROVIDERS

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$0
Professional Services	\$0	\$0	\$0	\$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	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 3 NAME: <u>MEDICARE BUY-INS & SUPPLEMENTS</u>

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MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	AD	IUSTMENT OUT	EAR PROJECT	ions 📉 🔭
	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:					Mark Communication of the control of	reference on the Language of	Start Start Section (Section)
Direct	\$277,169,798	\$0	\$277,169,798	\$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 *	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$245,254,765	\$0	\$245,254,765	\$0	\$0	\$0	\$0
TOTAL MOF	\$522,424,563	\$0	\$522,424,563	\$0	\$0	\$0	\$0
	1		Ψ022,72 1 ,000	ΨO	40	20	40
EXPENDITURES:							
Salaries	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0 \$0	\$0 \$0	\$0 \$0
Related Benefits	\$0	\$0	\$0 \$0	\$0 \$0			
Travel			· · · · · · · · · · · · · · · · · · ·		\$0	\$0	\$0
	\$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	\$522,424,563	\$0	\$522,424,563	\$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	\$522,424,563	\$0	\$522,424,563	\$0	\$0	\$0	\$0
POSITIONS		**************************************					
Classified	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	
				<u> </u>	V	, o	0
* Statutory Dedications:							
[Select Statutory Dedication]	\$0	\$0	•	#n I	#O. [¢0.1	
[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
[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 3 NAME: MEDICARE BUY-INS & SUPPLEMENTS

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$0
Professional Services	\$0	\$0	\$0	\$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	\$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 4 NAME: <u>UNCOMPENSATED CARE COSTS</u>

non non transportation de la company de	ranad kristijskoj kristoj kristskoj kristoj kristoj kristoj kristoj kristoj kristoj kristoj kristoj kristoj kr		andere een en open en e		999991998319995129999999999999999999		00000000000000000000000000000000000000
MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PROJECT			ONS :
	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:		The state of			gatik in <u>gjeljer.</u> Gregorias <u>de 1801 i</u> ngelen en en en	in the second second second	en e
Direct	\$169,567,249	\$42,888,680	\$212,455,929	\$0	\$0	\$0	\$0
Interagency Transfers	\$16,549,692	\$0	\$16,549,692	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$126,188,808	\$25,518,116	\$151,706,924	\$ 0	\$0	\$0	\$0
Statutory Dedications *	\$12,155,208	\$0	\$12,155,208	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$589,774,049	\$119,989,779	\$709,763,828	\$0	\$0	\$0	\$0
TOTAL MOF	\$914,235,006	\$188,396,575	\$1,102,631,581	\$0	\$0	\$0	\$0
		, , , , , ,				, V	V-
EXPENDITURES:							
Salaries	\$0	- \$0	\$0	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$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 \$0	,40 \$0
Operating Services	\$0	\$0	\$0	\$0			φυ \$0
Supplies	\$0	\$0	\$0 \$0		\$0 \$0	\$0	\$0 \$0
Professional Services	\$0	\$0	\$0 \$0	\$0		\$0	
Other Charges			·	\$0	\$0	\$0	\$0
Debt Services	\$836,956,636	\$188,396,575	\$1,025,353,211	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$77,278,3 7 0	\$0	\$77,278,370	\$0	\$0 \$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	: 3 U	\$0	\$0 \$0
Major Repairs	\$0	\$0	\$0	\$0	\$ 0	\$0	φU
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$914,235,006	\$188,396,575	\$1,102,631,581	\$0	\$0	\$0	\$0
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
* Statutory Dedications:				·			
LA Medical Assistance Trust Fund (H08)	\$12,155,208	\$0	\$12,155,208	\$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 60	\$0	\$0	\$0	\$0
[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	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 4 NAME: <u>UNCOMPENSATED CARE COSTS</u>

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	\$42,888,680	\$0	\$25,518,116	\$0	\$0	\$119,989,779	\$188,396,575
EXPENDITURES:							
Salaries		\$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	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$42,888,680	\$0	\$25,518,116	\$0	\$0	\$119,989,779	\$188,396,575
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	\$42,888,680	\$0	\$25,518,116	\$0	\$0	\$119,989,779	\$188,396,575
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

QUESTIONNAIRE ANALYSIS

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

GENERAL PURPOSE

This BA-7 will allow Medicaid to expend funds in the correct program. The request reverses a hospital DSH payment adjustment associated with changes to hospital payment methods intended for implementation in SFY18 but deferred pending the outcome of a hospital payment study in progress. The adjustment shifted funding from the Uncompensated Care Costs Program to the Payments to Private Providers Program. This BA-7 reverses that adjustment. The means of financing mirrors what was included in the SFY2018 appropriated budget.

Also, the hospitals eligible for DSH payments under the Major Medical Centers Northern/Central LA SPA (state plan amendment) have more available DSH cap than what was originally in the budget. This BA-7 increases the budget to allow for payments up to their projected DSH cap.

	Revers	e Shift	Med Ctr SPA	TOTAL	
Summary:	Privates	UCC	UCC		
State General Fund (Direct)	(42,888,680)	42,888,680			
Fees & Self-Generated			25,518,116	25,518,116	
Federal Funds	(75,229,415)	75,229,415	44,760,364	44,760,364	
TOTAL MOF	(118,118,095)	118,118,095	70,278,480	70,278,480	

REVENUES

State General Fund	\$0
Interagency Transfers	\$0
Fees & Self-Generated	\$25,518,116
Statutory Dedications:	\$0
Federal Funds	\$44,760,364
TOTAL REVENUES	\$70,278,480

EXPENDITURES

	Payments to Private Providers	(\$118,118,095)	Other Charges
	Payments to Public Providers	\$0	Interagency Transfers
	Medicare Buy-Ins & Supplements	\$0	Other Charges
-	Uncompensated Care Costs	\$188,396,575	Other Charges
	TOTAL EXPENDITURES	\$70,278,480	.7
1000	The state of the s		

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

DEPARTMENT: Louisiana State U	FOR OPB USE ONLY					
AGENCY: Health Care Services I	OPB LOG NUMBER AGENDA NUMB					
SCHEDULE NUMBER: 19-610	207 2					
SUBMISSION DATE: 03/23/2018	Approval and Authority	:				
AGENCY BA-7 NUMBER: 18-01						
HEAD OF BUDGET UNIT: Chad T	hompson		Approved b	y the Jo	int Legislative	2
TITLE: Chief Financial Officer			Commit	tee on t	he Budget	
SIGNATURE (Certifies that the information pryour knowledge):	ovided is correct and true	to the best of	DATE: 4	8/18	VA	
MEANS OF FINANCING	CURREN FY 2017-2		ADJUSTME (+) or (-)		REVISED FY 2017-20	
GENERAL FUND BY:						
DIRECT	\$24	,427,906		\$0	\$24,	427,906
INTERAGENCY TRANSFERS	\$18	,383,724		\$0	\$18,	383,724
FEES & SELF-GENERATED	\$15	,472,658		\$0	\$15,	472,658
STATUTORY DEDICATIONS		\$0	\$1,385,265		\$1,	385,265
Overcollections Fund (V25)		\$0		\$1,385,265		1,385,265
[Select Statutory Dedication] Subtotal of Dedications from Page 2	\$0 \$0		\$0 \$0		\$0	
FEDERAL	\$4	,800,336		\$0	\$4.5	800,336
TOTAL		,084,624	\$1,385,265		\$64,469,8	
AUTHORIZED POSITIONS	400	0	0		,,.	
AUTHORIZED OTHER CHARGES		0		0		
NON-TO FTE POSITIONS	0	0		0		
TOTAL POSITIONS		0	0		0	
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS
PROGRAM NAME:						
Lallie Kemp Regional Medical Ctr	\$63,084,624	0	\$1,385,265	0	\$64,469,889	0
00 00 00 00 00 00 00 00 00 00 00 00 00	\$0	0	\$0	0	\$0	0
~ ·	\$0	0	\$0	0	\$0	0
ANUS SHA	\$0	0	\$0	0	\$0	0
F25 6	\$0	0	\$0	0	\$0	0
R 28	\$0	0	\$0	0	\$0	0
585 £	\$0	0	\$0	0	* \$0	0
1270 E	\$0	0	\$0	0	\$0	0
200 K	\$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	\$63,084,624	0	\$1,385,265	0	\$64,469,889	0

DEPARTMENT: Louisiana State University	FOR OPB USE ONLY
AGENCY: Health Care Services Division	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 19-610	
SUBMISSION DATE: 03/23/2018	ADDENDUM TO PAGE 1
AGENCY BA-7 NUMBER: 18-01	ADDENDUM TO PAGE 1

- MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	RÉVISED 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? House Bill NO. 5 - Payable out of the State General Fund by Statutory Dedications out of the Overcollections Fund to Lallie Kemp Regional Medical Center for operating expenses. During FY 2017 Lallie Kemp Regional Medical Center received \$379,657.92 of the \$1,764,923. This leaves a remaining balance of \$1,385,265. This request is for the remainder of the balance.

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	\$1,385,265	\$0	\$0	\$0.	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$1,385,265	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below: No addition staff will be required.

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

This was approved in the supplimental bill in FY2017.

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 BA-7 is for the supplimental bill from FY2017. The expenditures have been paid.

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. N/A 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. Repeat this portion of the request form as often as necessary.) OBJECTIVE: N/A PERFORMANCE INDICATOR NAME CURENT ADJUSTMENT REVISED FY 2017-2018 (+) OR (-) FY 2017-2018 JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s). JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).	nassusérná	1651 E1 60 E1 61 161 161 161		AN DUDUL			
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: N/A PERFORMANCE STANDARD CURRENT ADJUSTMENT REVISED FY 2017-2018 (+) OR (-) FY 2017-2018 JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).	HELERE DER	BA-7	· · · · · · · · · · · · · · · · · · ·	egative) that will	result from the ap	proval of this	20141748
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: N/A PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED FY 2017-2018 (+) OR (-) FY 2017-2018 JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).		N/A					
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: N/A PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED FY 2017-2018 (+) OR (-) FY 2017-2018 JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).			•				
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: N/A PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED FY 2017-2018 (+) OR (-) FY 2017-2018 JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).							1001
PERFORMANCE INDICATOR NAME PERFORMANCE STANDARD CURRENT ADJUSTMENT REVISED 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?)		by thi	is request. (Note: Requested adjustments may involve re ators or creation of new objectives and performance indica	visions to existin	ng objectives and	performance	
PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED 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?)		OBJE	ECTIVE: N/A				
PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED 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?)							
PERFORMANCE INDICATOR NAME CURRENT ADJUSTMENT REVISED 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?)							
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?)		귀		PERF	ORMANCE STAN	IDARD	
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?)		EV	PERFORMANCE INDICATOR NAME				
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?)				FY 2017-2018	(+) OR (-)	FY 2017-2018	
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?)							
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?)							
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?)							
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?)		-					
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?)							
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?)					-		
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?)			<u>I</u>				
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?)		JUST	TIFICATION FOR ADJUSTMENT(S): Explain the necessit	y of the adjustm	ent(s).		
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?)							
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?)							
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?)			UERARREKUND DER URAN FRIN FRIN FRIN EIN BOURDIE BEREIT DER BERUFFELDE FOR DER BEREIT BEREITER BEREITE FOR FILLE Der Reiter bereiter besteht der Bereiter besteht besteht besteht besteht besteht besteht besteht besteht beste				
		indica	ators. (For example: Are there any anticipated direct or in	direct effects on	program manag	ement or	
		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.)

N/A

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Lallie Kemp Regional Medical Center

JPROGRAM 1 NAME:	Laille Kemp Ke	egional iviedical	Center				
	TERREFORENE GENERALDER EINE BEREITEN BEHER BEREITEN BEREI	NAMESTRADORO DE PRESENTA DE LA PROPERTA DE LA PROP		ENERGISCUSTO LECENTRA DE PERENCIA DE P			TREAT HER HYLLSPILLE PROCESSES FOR STATE OF
MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED		USTMENT OUTY		
MEANS OF THANSING.	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:							
Direct	\$24,427,906	\$0	\$24,427,906	\$0	\$0	\$0	\$0
Interagency Transfers	\$18,383,724	\$0	\$18,383,724	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$15,472,658	\$0	\$15,472,658	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$1,385,265	\$1,385,265	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$4,800,336	\$0	\$4,800,336	\$0	\$0	\$0	\$0
TOTAL MOF	\$63,084,624	\$1,385,265	\$64,469,889	\$0	\$0	\$0	\$0
EXPENDITURES:				HISHIRIAN MARKATAN AND AND AND AND AND AND AND AND AND A			
Salaries	\$14,823,661	\$0	\$14,823,661	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$24,797,680	\$0	\$24,797,680	\$0	\$0	\$O	\$0
Travel	\$12,291	\$0	\$12,291	\$0	\$0	\$O	\$0
Operating Services	\$4,481,685	\$1,385,265	\$5,866,950	\$0	\$0	\$O	\$0
Supplies	\$4,457,651	\$0	\$4,457,651	\$0	\$0	\$O	\$0
Professional Services	\$1,833,086	\$0	\$1,833,086	\$0	\$0	\$0	\$0
Other Charges	\$11,439,740	\$0	\$11,439,740	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$858,371	\$0	\$858,371	\$0	\$0	\$0	\$0
Acquisitions	\$380,459	\$0	\$380,459	\$0	\$0	\$0	\$0
Major Repairs	\$000,439	\$0 \$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$63,084,624	\$1,385,265	\$64,469,889	1 20	Φυ	ĐU	Ψ0
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	00	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
* Statutory Dedications:							
Overcollections Fund (V25)	\$0	\$1,385,265	\$1,385,265	\$0	\$0	\$ <u>0</u>	\$0
[Select Statutory Dedication]	\$0 \$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
[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 \$0	\$0 \$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0] \$0	ው ሀ

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Lallie Kemp Regional Medical Center										
MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL				
AMOUNT	\$0	\$0	\$0	\$1,385,265	\$0	\$1,385,265				
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	\$1,385,265	\$0	\$1,385,265				
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	\$1,385,265	\$0	\$1,385,265				
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0				

QUESTIONNAIRE ANALYSIS

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

GENERAL PURPOSE

1.) This BA-7 is to budget a Supplemental Appropriation.

REVENUES

- 5.) Statutory Dedications
 - House Bill No. 5 Payable out of the State General Fund by Statutory Dedications out of the Overcollections Fund to Lallie Kemp Regional Medical Center for operating expenses.
 - Current fund balance \$63,084,624
 - Current year anticipated revenue \$63,084,624

EXPENDITURES

- 9.) \$1,764,923 was calculated using total operating expenses minus total projected revenue.
- 11.) The \$1,764,923 will be used to fund operating expenses.

OTHER

12.) Chad Thompson, 985-878-1350, cthom5@lsuhsc.edu

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION, OFFICE OF PLANNING AND BUDGET REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

DEPARTMENT: DPS&C/Correctio	DEPARTMENT: DPS&C/Corrections Services				FOR OPB USE ONLY					
AGENCY: Local Housing of State	Adult Offenders		(OPB LOG NU	MBER	AGENDA NUME	BER			
SCHEDULE NUMBER: 20-451			206 3							
SUBMISSION DATE: March 26, 20	18		Approval and Authority:							
AGENCY BA-7 NUMBER:		/			f	Link Logislativ	0			
HEAD OF BUDGET UNIT: James	M. Le Blanc		A	pproved	by the	Joint Legislativ the Budget				
TITLE: Secretary				Comp		He Duuger				
SIGNATURE (Certifies that the information pro your knowledge):	ovided is correct and true to	the best of	DATE: 4/8/18 VA							
MEANS OF FINANCING		CURRENT FY 2017-2018		ADJUSTM (+) or (REVISED FY 2017-20				
GENERAL FUND BY:										
DIRECT	\$175,200,901				\$0	\$175,2	200,901			
INTERAGENCY TRANSFERS				\$0		\$0				
FEES & SELF-GENERATED			\$5,01,73	7 \$0	\$5,01,737	\$0				
STATUTORY DEDICATIONS				14,498,154	-\$14,498,15 4					
Overcollections Fund (V25)		\$0			\$14,498,154	\$5,011,737 -\$14,498,154				
Insurance Verification System Fund (P39)		\$0			\$0		\$0			
Subtotal of Dedications from Page 2		\$0			\$0		\$0			
INTERIM EMERGENCY BOARD		\$0		\$0			\$0			
FEDERAL		\$0		\$5,01,737 \$0		\$180,212,638 \$				
TOTAL	\$175	,200,901		\$14,498,154		-\$189,69 9,055				
PROGRAM EXPENDITURES	DOLLARS	POS	DO	LLARS	POS	DOLLARS	POS			
PROGRAM NAME:			\$5,	50,137		\$161/254,281				
Local Housing of Adult Offenders	\$156,242,544	0		13,331,055	0	- \$169,573,5 99	0			
Transitional Work Program	\$13,058,357	0	0	\$841,299	\$ 13,058	57 \$13,899,656	0			
Re-Entin Services	\$5,900,000	0	D	\$325,800	i	» \$ 6,225,800	0			
355	\$0	0		\$0	0	\$5900,000\$0	0			
	\$0	0		\$0	0	\$0	0			
26 LAND	\$0	0		\$0	0	\$0	0			
1 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			
1 1 2 0 m	\$0	0		\$0	0	\$0	0			
2018 M	\$0	0		\$0	0	\$0	0			
	\$0	0		\$0	0	\$0	0			
Subtotal of programs from Page 2:	\$0	0	\$5,01	1,737 \$0	0	4180,22,6350	0			
TOTAL	\$175,200,901	0		14,498,154	0	\$189,699,055	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?

Statutory Dedications from the Over Collections Fund

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

MEANS OF FINANCING OR EXPENDITURE	FY 2017-2018	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021
GENERAL FUND BY:	The second secon	the state of the s	THE RESTRICTION OF THE RESTREET		
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$0	- LB \$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$14,498,154	5.011.739	\$0	\$0	\$0
INTERIM EMERGENCY BOARD	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$14,498,154	\$0	\$0	\$0	\$0

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

This action would not be applicable to the agency as they do not require additional personnel at this time.

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

In FY 16-17, \$18.6 million was appropriated to Local Housing of State Adult Offenders in the Supplemental Appropriation; however, only \$4 million was collected in that fiscal year. The purpose of this BA-7 is to collect the remaining cash available.

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, this is not an after the fact BA-7 nor have expenditures been made toward the program.

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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 request will allow for available funds to pay for offenders in the Local Housing of State Adult Offenders appropriation.

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:

금	Mary Control of the C	PERFORMANCE STANDARD							
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT FY 2017-2018	ADJUSTMENT (+) OR (-)	REVISED FY 2017-2018					
	N/A								

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?)

This BA-7 will not have any impact on performance.

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

The approval of this BA-7 will fully fund Local Housing of State Adult Offenders but will have no impact on the performance of the programs.

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 provide for a funding shortage in the Local Housing of State Adult Offenders appropriation.

9A-7 FORM (7/1/14) Page 4



PROGRAM 1 NAME: Local Housing of Adult Offenders

MEANS OF FINANCING	CURRENT	REQUESTED	REVISED	ADJU	ISTMENT OUTY	EAR PROJECTI	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	\$156,242,544	\$0	\$156,242,544	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$0	LB \$0	\$0	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$13,331,055	\$13,331,055	5011737 \$0	\$0	\$0	\$0
Interim Emergency Board	\$0	5,011,731 \$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$156,242,544	\$13,331,055	\$169,573,599	\$0	\$0	\$0	\$0
TOTALIIIO	V100,212,011	21-01/12		542810	Q a fill of the late of		A 記憶 新作品 新聞品
EXPENDITURES:				10 district 1 to 2	THE CASHINGBAR HER INCL.	SELECTION OF THE PROPERTY OF THE	Riverse 10 ACAMERICA
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	\$0
Travel	\$0	\$0	\$0	\$0	\$0		\$0
Operating Services	\$0	\$0	\$0	\$0	\$0	\$0	
Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Professional Services	50	LB \$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$156,237,766	\$13,331,055	\$169,568,8214	161249,380	\$0	\$0	\$0
Debt Services	\$0	45,011,73,80	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$4,778	\$0	\$4,778	\$0	\$0	\$0	\$0
Acquisitions	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	50	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$156,242,544	\$13,331,055	\$169,573,599	\$0	\$0	\$0	\$0
	LB &	5.01737	\$16125	4 281 L	8	VIII.	
POSITIONS		1		1			To a second
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
OTTIER CHARGE TOOTTON	, , , , , , , , , , , , , , , , , , ,	<u> </u>	1	TO SERVICE CONTROL			
				THE REAL PROPERTY.		risa i Islanda Artin II del	表的概念 (M. Stall B.
* Statutory Dedications:		10					
Insurance Verification System		P		10	-	00	1
Fund (P39)	\$0	\$5,011,739		16 \$0	\$0	\$0	\$0
Overcollections Fund (V25) [Select Statutory Dedication]	\$0 \$0	\$13,331,055 \$0	\$13,331,055	\$5,011,73,50	\$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	
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	\$0
[Select Statutory Dedication]	\$0	\$0	\$0	\$0	\$0	\$0	

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PROGRAM 1 NAME: Local Housing of Adult Offenders

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$13,331,055	\$0	\$0	\$13,331,055
			الله	\$5,011	131	18	\$5,011
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	LB \$0	\$0	\$0	\$0
Professional Services	\$0	\$0	\$0	5011.7370	\$0	\$0	LB \$0
Other Charges	\$0	\$0	\$0	\$13,331,055	\$0	\$0	\$13,331,055
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	5011,737\$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	\$0	\$0	\$0	\$13,331,055	\$0	\$0	\$13,331,055
			184	501173		118.5	5011.73
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 2 NAME: Transitional Work Program

MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJ	USTMENT OUTY	EAR PROJECTI	ONS
WEANS 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	\$13,058,357	\$0	\$13,058,357	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$0	16 \$0	1 6 \$0	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	0 \$841,299	\$841,299	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$13,058,357	\$ 844,299	\$13,899,656	\$0	\$0	\$0	\$0
IOTAL WOF	\$13,056,357				20	30	ąυ
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	\$0
Professional Services	\$0	. 0 \$0	13,058350	\$0	\$0	\$0	\$0
Other Charges	\$13,058,357	\$841,299	\$13,899,656	\$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
				-0			
TOTAL EXPENDITURES	\$13,058,357	\$844,299	\$4 3,89 9,656	\$0	\$0	\$0	\$0
POSITIONS		160	F13,058				
Classified	0	0.1	0	0	0.1	٥١	0
		0	0	0	0	0	
Unclassified	0	0	0	0	0	0	0
OTAL T.O. POSITIONS	0	0	0	0	0	0	0
THER CHARGES POSITIONS	0	0	0	0	0	0	0
0	-		. 0				
Statutory Dedications:	00	0044 000	6944-999	60	00	00	00
Overcollections Fund (V25) [Select Statutory Dedication]	\$0 \$0	\$841,299	\$841,299	\$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 \$0	\$0 \$0	\$0 \$0	\$0 \$0

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PROGRAM 2 NAME: Transitional Work Program

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	BTOTAL
AMOUNT	\$0	\$0	\$0	_\$841,299	\$0	\$0	\$841,299
				I O L	Ď.		
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	\$0
Professional Services	\$0	\$0	\$0	1B \$0	\$0	\$0	16 \$0
Other Charges	\$0	\$0	\$0	0 \$841,299	\$0	\$0	\$841,299
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	LB \$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$841,299	\$0	\$0	O \$841,299
OVER / (UNDER)	so	\$0	\$0	\$0	\$0	\$0	\$0

PROGRAM 3 NAME: Re-Entry Services

MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PROJECTIONS			
VIEANS 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	\$5,900,000	\$0	\$5,900,000	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fees & Self-Generated	\$0	, A \$0	\$6 \$0	\$0	\$0	\$0	\$0
Statutory Dedications *	\$0	\$325,800	\$325,800	\$0	\$0	\$0	\$0
Interim Emergency Board	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$0	1 A \$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$5,900,000	\$325,800	\$6,225,800	\$0	\$0	\$0	\$0
			155/300				
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	\$0
	\$0	, A \$0	\$0	A \$0	\$0	\$0	\$0
Professional Services							\$0
Other Charges	\$5,900,000	\$325,800	\$6,225,800	5,900,000	\$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	\$5,900,000	\$325,800	\$6,225,800	\$0	\$0	\$0	\$0
POSITIONS		16 1	\$\$5,900	000			
	0	0	0	0	0	0	0
Classified	0	0	0		0	0	0
Unclassified	0	0	0	0			
FOTAL T.O. POSITIONS	0	0	0	0	0	0	0
OTHER CHARGES POSITIONS	0	0	0]	0	0	0	0
Statutory Dedications:							
Overcollections Fund (V25)	\$0	\$325,800	\$325,800	\$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 \$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

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PROGRAM 3 NAME: Re-Entry Services

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Interim Emergency Board	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$325,800	\$0	\$0	\$325,800
				140			LOO
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	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$0	\$0	\$0	\$325,800	\$0	\$0	\$325,800
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	B \$0
TOTAL EXPENDITURES	\$0	\$0	\$0	\$325,800	\$0	\$0	\$325,800
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

QUESTIONNAIRE ANALYSIS

AGENCY: Local Housing of State Adult Offenders

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

GENERAL PURPOSE

In FY 16-17, \$18.6 million was appropriated to Local Housing of State Adult Offenders in the Supplemental Appropriation; however, only \$4 million was collected in that fiscal year. The purpose of this BA-7 is to collect the remaining cash available. Statutory Dedications will increase by \$14,498,154.

F5,011,737 LB

REVENUES

Statutory Dedications from the Over Collections Fund

EXPENDITURES

PROGRAM	CATEGORY	AMOUNT
Local Housing of Adult Offenders	Other Charges	\$13,331,050\$5,011,737 LB
Transitional Work Program	Other Charges	\$841,299 0 LB
Re-Entry Services	Other Charges	\$325,800 O LB

\$14,498,164-\$5,011,737 LB

<u>OTHER</u>

Elaine Leibenguth 342-7451 Thomas C. Bickham, III 342-6739

BA-7 SUPPORT INFORMATION

Page _____



DEPARTMENT: State Treasury			FOR OPB USE ONLY					
AGENCY: Sales Tax Dedication			OPB LOG NUM	MBER	AGENDA NUMBER			
SCHEDULE NUMBER: 20-901			204R		4	no series mon Autoriae d		
SUBMISSION DATE: 3/19/18			Approval and Authority	/:	The Earth CVC			
AGENCY BA-7 NUMBER: 18-03				erromento.	THE LOW THE			
HEAD OF BUDGET UNIT: Ron He	nson		Approved by	the Joi	nt Legislative			
TITLE: First Assistant State Treas	surer		Committ	ee on th	ne Budget			
SIGNATURE (Certifies that the information polyour knowledge):	vided is correct and true t	o the best of	DATE: 4		<u>A</u>			
MEANS OF MANCING	CURRE	VT.	ADJUSTMI	ENT	REVISE)		
	FY 2017-2	018	(+) or (-)	FY 2017-20	18		
GENERAL FUND BY:								
DIRECT		\$0		\$0		\$0		
INTERAGENCY TRANSFERS		\$0		\$0		\$0		
FEES & SELF-GENERATED		\$0		\$0	\$			
STATUTORY DEDICATIONS	\$49	\$49,672,203		\$987,233	\$50,659,43			
[Select Statutory Dedication]	\$0			\$0		\$0		
[Select Statutory Dedication] Subtotal of Dedications from Page 2	¢	\$0 49,672,203	Application of the second of t	\$987,233		\$0		
FEDERAL	Ψ	\$0	and the state of the land land	\$0	3 5	50,659,436 \$0		
TOTAL	\$49,672,203			\$987,233	\$50	659,436		
AUTHORIZED POSITIONS	0		0		Ψ30,	009,400		
AUTHORIZED OTHER CHARGES	0		0			0		
NON-TO FTE POSITIONS		0	0		0			
TOTAL POSITIONS		0		0	0			
PROGRAM EXPENDITURES	DOLLARS	POS	DOLLARS	POS	DOLLARS	POS		
PROGRAM NAME:								
Sales Tax Dedication	\$49,672,203	0	\$987,233	0	\$50,659,436	0		
}-	\$0	0	\$0	0	\$0	0		
ECE IN	\$0	0	\$0	0	\$0	0		
200 20 Z	\$0	0	\$0	0	\$0	0		
OS THE RESERVE TO THE	\$0	0	\$0	0	\$0	0		
27 179	\$0	0	\$0	0	\$0	0		
Water of	\$0	0	\$0	0	\$0	0		
F.05 - 5	\$0	0	\$0	0	\$0	0		
TOTAL	\$49,672,203	0	\$987,233	0	\$50,659,436	0		

DEPARTMENT: State Treasury	FOR OPB USE ONLY
AGENCY: Sales Tax Dedication	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 20-901	
SUBMISSION DATE: 3/19/18	
AGENCY BA-7 NUMBER: 18-03	ADDENDUM TO PAGE 1

MEANS OF FINANCING	CURRENT FY 2017-2018	ADJUSTMENT (+) or (-)	REVISED FY 2017-2018	
GENERAL FUND BY:	en en de la companya de la companya Referencia de la companya de la com			
STATUTORY DEDICATIONS				
West Calcasieu Community Center Fund (T10)	\$1,192,593	\$725,000	\$1,917,593	
West Baton Rouge Parish Visitor Bureau (T61)	\$515,436	\$262,233	\$777,669	
Subtotal from Page 3	\$14,916,869	\$0	\$14,916,869	
Subtotal from Page 4	\$19,831,528	\$0	\$19,831,528	
Subtotal from Page 5	\$13,215,777	\$0	\$13,215,777	
SUBTOTAL (to Page 1)	\$49,672,203	\$987,233	\$50,659,436	

Use this section for additional Program Names, if needed.

The subtotal will automatically be transferred to Page 1.

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

BA-7 FORM (6/1/2017) Page 2

DEPARTMENT: State Treasury	FOR OPB USE ONLY
AGENCY: Sales Tax Dedication	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 20-901	
SUBMISSION DATE: 3/19/18	ADDENDUM TO BACE (
AGENCY BA-7 NUMBER: 18-02	ADDENDUM TO PAGE 1

MEANS OF FINANCING	CURRENT	ADJUSTMENT	REVISED
	FY 2017-2018	(+) or (-)	FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS	America sent uniologica si merco sectore a disference	enton a linear sensione configuratione internativisme continue differ	वाद त्यांत्राच्या रश्चांत्रां सन्दर्भाग स्टब्स्य स्टब्स्य स्टब्स्य स्टब्स्य देश स्टब्स्य स्टब्स्य स्टब्स्य सम्
T01 ACADIA PH VISITOR ENT FUND	97,244		\$97,244
T02 ALLEN PAR CAP IMPR FD	215,871		\$215,871
T03 ASCENSION PH VISITOR ENT FUND	1,250,000		\$1,250,000
T05 AVOYELLES PH VISITOR ENT FD	120,053		\$120,053
T06 BEAUREGARD PH COMM IMP FUND	105,278		\$105,278
T07 BIENVILLE PAR TOUR & ECON DEV	27,527		\$27,527
T08 BOSSIER CITY CIVIC CENTER	1,878,022		\$1,878,022
T09 SHREVEPORT RIVERFRONT & CONVEN	1,867,231		\$1,867,231
T11 CALDWELL PAR ECONOMIC DEV FD	169		\$169
T12 CAMERON PARISH TOURISM DEV FD	19,597		\$19,597
T14 TOWN OF HOMER ECONOMIC DEV	18,782		\$18,782
T15 CONCORDIA PAR ECON DEV FD	87,738		\$87,738
T16 DESOTO PAR VISITOR ENT FD	148,315		\$148,315
T17 EAST BATON ROUGE CENTROPLEX	1,249,308		\$1,249,308
T18 EAST CARROLL PAR VIS ENT FD	7,158	M. 1.	\$7,158
T19 EAST FELICIANA TOURIST COMM FD	2,693		\$2,693
T20 EVANGELINE VISITOR ENT FUND	43,071		\$43,071
T21 FRANKLIN VIS ENT FD	33,811	**************************************	\$33,811
T23 IBERIA PARISH TOURIST COMMISS.	424,794		\$424,794
T24 IBERVILLE ENTERPRISE FUND	116,858		\$116,858
T25 JACKSON PAR ECON DEV & TOUR	27,775	· · · · · · · · · · · · · · · · · · ·	\$27,775
T26 JEFFERSON PH CONVENTION CENTER	3,246,138		\$3,246,138
T27 JEFF DAVIS PAR VIS ENT FD	155,131		\$155,131
T28 LAFAYETTE VISITOR ENTERPRISE	3,140,101		\$3,140,101
T29 LAFOURCHE PARISH ENTERPRISE FD	349,984		\$349,984
T30 LASALLE ECONOMIC DEV DIST FD	21,791		\$21,791
T31 LINCOLN PAR VISITOR ENT FD	262,429		\$262,429
PAGE 3 SUBTOTAL (to Page 1)	\$14,916,869	\$0	\$14,916,869

DEPARTMENT: State Treasury	FOR OPB USE ONLY
AGENCY: Sales Tax Dedication	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 20-901	
SUBMISSION DATE: 3/19/18	ASSENBILL TO BACE
AGENCY BA-7 NUMBER: 18-02	ADDENDUM TO PAGE 1

	A 18 - 10 T			
MEANS OF FINANCING		CURRENT	ADJUSTMENT	REVISED
		FY 2017-2018	(+) or (-)	FY 2017-2018
GENERAL FUND BY:	Ş			
STATUTORY DEDICATIONS				(18) (19) [4] [4] [4]
T32 LIVINGSTON PAR TOURISM INPR		332,516		\$332,516
T34 MOREHOUSE PAR VISITOR ENT	A .	40,972		\$40,972
T36 NEW ORLEANS MET CONV & VSTRS		10,900,000		\$10,900,000
T37 OUACHITA PAR VISITOR ENT FD		1,552,486		\$1,552,486
T38 PLAQUEMINES PAR VISITOR ENT		228,102		\$228,102
T39 POINTE COUPEE PH VISITOR ENT		40,281		\$40,281
T40 ALEX/PINE EXHIBITION HALL		250,417		\$250,417
T41 RED RIVER VISTOR ENTERPRISE		34,733	机双性电子 医神经	\$34,733
T42 RICHLAND PARISH VISITOR ENT FD		116,715		\$116,715
T43 SABINE PAR TOURISM IMPR FD		172,203		\$172,203
T44 ST BERNARD PH ENTERPRISE FD		116,399		\$116,399
T45 ST. CHARLES PARISH ENTERPRISE		229,222	The William Court	\$229,222
T47 ST JAMES PARISH ENTERPRISE FD		30,756		\$30,756
T48 ST JOHN THE BAPTIST CONV FCLTY		329,036		\$329,036
T49 ST LANDRY PH HISTÓRICAL DEV FD		373,159		\$373,159
T51 ST MARY PAR VIS ENT FD		1,011,839		\$1,011,839
T50 ST MARTIN PARISH ENT FD		172,179		\$172,179
T52 ST TAMMANY PARISH FUND		1,859,500		\$1,859,500
T53 TANGIPAHOA PH TOURIST COMM FD		522,008		\$522,008
T54 TENSAS VISITOR ENTERPRISE FUND		1,941		\$1,941
T55 HOUMA/TERREBONNE TOURIST FUND		573,447		\$573,447
T56 UNION PARISH VISITOR ENT		27,232		\$27,232
T57 VERMILION PH VISITOR ENT FUND		114,843		\$114,843
T60 WEBSTER PH CONV & VSTRS BUR		170,769		\$170,769
162 WEST CARROLL VISITOR ENT FD	1	17,076		\$17,076
164 WINN PH TOURISM FUND	1	56,665		\$56,665
TA1 SHREVEPORT-BOSS CITY VIS	_	557,032		\$557,032
PAGE 4 SUBTOTAL (to Page	(2.1)	\$19,831,528	\$0	\$19,831,528

DEPARTMENT: State Treasury	FOR OPB USE ONLY
AGENCY: Sales Tax Dedication	OPB LOG NUMBER AGENDA NUMBER
SCHEDULE NUMBER: 20-901	
SUBMISSION DATE: 3/19/18	ADDENDIM TO DAGE 4
AGENCY BA-7 NUMBER: 18-02	ADDENDUM TO PAGE 1

MEANS OF FINANCING	CURRENT	ADJUSTMENT	REVISED
	FY 2017-2018	(+) or (-)	FY 2017-2018
GENERAL FUND BY:			
STATUTORY DEDICATIONS			
TA2 VERNON PH COMMUNITY IMPR FD	428,272		\$428,272
TA3 ALEX/PINE AREA TOURISM	250,000		\$250,000
TA4 RAPIDES PH ECONOMIC DEV FUND	370,891		\$370,891
TA5 NATCHITOCHES PARISH ENTERPRISE	107,463		\$107,463
TA6 LINCOLN PH MUNI FD	258,492		\$258,492
TA7 EBR COMMUNITY IMPROVEMENT FUND	2,575,872		\$2,575,872
TA8 EBR PAR ENHANCEMENT FD	1,287,936		\$1,287,936
TA9 WASHINGTON PH TOURIST COMM	43,025		\$43,025
TB0 GRAND ISLE TOURIST COMM ENT AC	28,295		\$28,295
TB1 GRETNA TOURIST COMM ENT ACCT	118,389		\$118,389
TB2 LAKE CHARLES CIVIC CTR FD	1,158,003	······································	\$1,158,003
TB3 NEW ORLEANS TOUR & ECON DEVE	253, 7 89		\$253,789
TB4 RIVER PAR CONV, TOURIST & VIS	201,547		\$201,547
TB5 ST FRANCISVILLE ECONOMIC DEV F	178,424		\$178,424
TB6 TANGIPAHOA PAR ECO DEV FD	175,760		\$175,760
TB7 WASH PAR INFRASTRUCTURE & PARK	50,000		\$50,000
TB8 PINEVILLE ECO DEV FD	222,535		\$222,535
TB9 WASH PAR ECON DEV/TOUR	14,486		\$14,486
TC0 TERREBONNE PAR VIS ENT FD	63 7 ,815		\$637,815
TC1 BASTROP MUNICIPAL CTR FD	40,357		\$40,357
TC2 RAPIDES PARISH COLISEUM FUND	74,178	0	\$74,178
TC3 MADISON PH VISTOR ENTERPRISE	34,326		\$34,326
TC4 NATCHITOCHES HISTORIC DIST DEV	319,165		\$319,165
TC5 BAKER ECONOMIC DEVELOPMENT FD	39,499		\$39,499
TC6 CLAIBORNE PAR TOUR & ECON DEV	517		\$517
TC 7 ERNEST N MORIAL CONV CTR FD	2,000,000		\$2,000,000
TC9 LAFOURCHE PAR ARC TR & DEV FD	344,734		\$344,734
TD0 VERNON PAR LEG IMPRVMNT FD #2	-		\$0
TD1 Grant Parish Econ Dev Fund	2,007		\$2,007
TD2 NEW ORLEANS QUALITY OF LIFE FD	2,000,000		\$2,000,000
PAGE 5 SUBTOTAL (to Page 1)		\$0	\$13,215,777

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? There is a request for a budget increase for the West Calcasieu Community Center Authority from the West Calcasieu Community Center Fund(T10), and a budget increase for the West Baton Rouge Tourist Bureau from the West Baton Rouge Parish Visitor Enterprise Fund(T61).

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

34 4.1	y . 1 · 2			
FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
	Spring State of the Control of the C		a de la companion de la compan	recent de carrey ay de la carrey de la La Chicago de Carrey de la carrey de la
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$987,233	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0
\$987,233	\$0	\$0	\$0	\$0
	\$0 \$0 \$0 \$987,233 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$987,233 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$987,233 \$0 \$0 \$0 \$0	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$

3. If this action requires additional personnel, provide a detailed explanation below: No additional personnel requested.

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

See attached requests.

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

BA-	lentify and explain the programmatic impacts (positiv 7. programmatic impacts.	e or negative) that will	result from the ap	oproval of this
by th indic ofter	omplete the following information for each objective nis request. (Note: Requested adjustments may investors or creation of new objectives and performance in as necessary.)	olve revisions to existir	ng objectives and	performance
OBJ	ECTIVE:			
LEVEL	PERFORMANCE INDICATOR NAME	CURRENT	ORMANCE STAN	NDARD REVISED
비		FY 2017-2018	(+) OR (-)	FY 2017-2018
US.	TIFICATION FOR ADJUSTMENT(S): Explain the ne	ecessity of the adjustm	ent(s)	
		ossosity of the dayson.	on.(o).	
ndic	riefly explain any performance impacts other than or ators. (For example: Are there any anticipated directed recipients? Will this BA-7 have a positive or neg	ct or indirect effects on	program manag	ement or
a ol	erformance impacts.			
- 2	and a mile of the property of			

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

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	i of
pe	rformance impact.	

These are pass through funds.

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

No performance impacts.

PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Sales Tax Dedication

MEANS OF FINANCING:	CURRENT	REQUESTED	REVISED	ADJUSTMENT OUTYEAR PROJECTIONS			
	FY 2017-2018	ADJUSTMENT	FY 2017-2018	FY 2018-2019	FY 2019-2020	FY 2020-2021	FY 2021-2022
GENERAL FUND BY:			N				
Direct	\$0	\$0	\$0	\$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 *	\$49,672,203	\$987,233				\$0	\$0
FEDERAL FUNDS			\$50,659,436	\$0	\$0		
	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL MOF	\$49,672,203	\$987,233	\$50,659,436	\$0	\$0	\$0	\$0
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	\$0
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Charges	\$49,672,203		- 3				
		\$987,233	\$50,659,436	\$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	\$49,672,203	\$987,233	\$50,659,436	\$0	\$0	\$0	\$0
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
OTHER CHARGES POSITIONS	0					0	
NON-TO FTE POSITIONS		0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
Statutory Dedications:							
West Calcasieu Community Center Fund (T10)	\$1,192,593	\$725,000	\$1,917,593	\$0	\$0	\$0	\$0
West Baton Rouge Parish Visitor Bureau (T61)	\$515,436	\$262,233	\$777,669	\$0	\$0	\$0	\$0
Subtotal from Page 3	\$14,916,869	\$0	\$14,916,869	\$0	\$0	\$0	\$0
Subtotal from Page 4	\$19,831,528	\$0	\$19,831,528	\$0	\$0	\$0	\$0
Subtotal from Page 5	\$13,215,777	\$0	\$13,215,777	\$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 1 NAME:

Sales Tax Dedication

MEANS OF FINANCING:	State General Fund	Interagency Transfers	Fees & Self- Generated Revenues	Statutory Dedications	Federal Funds	TOTAL
AMOUNT	\$0	\$0	\$0	\$987,233	\$0	\$987,233
	e de la companya de					
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	\$987,233	\$0	\$987,233
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	\$987,233	\$0	\$987,233
					= 1	
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
			n Carlon Carlon (1985)			
POSITIONS		(1.5 m (1.5) / / / / / / / (1.5) / / / / / / / / / / / / / / / / / / /		Andrews of the second s		a managaran da kanagaran da kana Managaran da kanagaran da kanagar
Classified	O 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	0
NON-TO FTE POSITIONS	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0