

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

DEPARTMENT: Louisiana State University		FOR OPB USE ONLY				
AGENCY: Health Care Services Division		OPB LOG NUMBER		AGENDA NUMBER		
SCHEDULE NUMBER: 19-610		152		1		
SUBMISSION DATE: 02-15-2022		Approval and Authority:				
AGENCY BA-7 NUMBER: 22-01		Approved by the Joint Legislative Committee on the Budget DATE: 04-28-22				
HEAD OF BUDGET UNIT: Rhonda Green						
TITLE: Hospital Administrator						
SIGNATURE (Certifies that the information provided is correct and true to the best of your knowledge):						
MEANS OF FINANCING		CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)		REVISED FY 2021-2022	
GENERAL FUND BY:						
DIRECT	\$24,983,780	\$0			\$24,983,780	
INTERAGENCY TRANSFERS	\$18,121,686	\$0			\$18,121,686	
FEES & SELF-GENERATED	\$16,598,113	\$8,027,465			\$24,625,578	
Regular Fees & Self-generated	\$16,598,113	\$8,027,465			\$24,625,578	
Subtotal of Fund Accounts from Page 2	\$0	\$0			\$0	
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	\$5,135,498	\$0			\$5,135,498	
TOTAL	\$64,839,077	\$8,027,465			\$72,866,542	
AUTHORIZED POSITIONS	0	0			0	
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:						
Lallie Kemp Regional Medical Center	\$64,839,077	0	\$8,027,465	0	\$72,866,542	0
Program 2	\$0	0	\$0	0	\$0	0
Program 3	\$0	0	\$0	0	\$0	0
Program 4	\$0	0	\$0	0	\$0	0
Program 5	\$0	0	\$0	0	\$0	0
	\$0	0	\$0	0	\$0	0
	\$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	\$64,839,077	0	\$8,027,465	0	\$72,866,542	0

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DEPARTMENT: Louisiana State University	FOR OPB USE ONLY	
AGENCY: Health Care Services Division	OPB LOG NUMBER	AGENDA NUMBER
SCHEDULE NUMBER: 19-610		
SUBMISSION DATE: 02-15-2022	ADDENDUM TO PAGE 1	
AGENCY BA-7 NUMBER: 22-01		

Use this section for additional Dedicated Fund Accounts or Statutory Dedications, if needed.
 The subtotal will automatically be transferred to Page 1.

MEANS OF FINANCING	CURRENT FY 2021-2022	ADJUSTMENT (+) or (-)	REVISED FY 2021-2022
GENERAL FUND BY:			
FEES & SELF-GENERATED			
[Select Fund Account]	\$0	\$0	\$0
[Select Fund Account]	\$0	\$0	\$0
SUBTOTAL (to Page 1)	\$0	\$0	\$0
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

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
SUBTOTAL (to Page 1)	\$0	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?
 The source of funding is Fees and Self-Generated obtained through hospital operations.

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

MEANS OF FINANCING OR EXPENDITURE	FY 2021-2022	FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:					
DIRECT	\$0	\$0	\$0	\$0	\$0
INTERAGENCY TRANSFERS	\$0	\$0	\$0	\$0	\$0
FEES & SELF-GENERATED	\$8,027,465	\$0	\$0	\$0	\$0
STATUTORY DEDICATIONS	\$0	\$0	\$0	\$0	\$0
FEDERAL	\$0	\$0	\$0	\$0	\$0
TOTAL	\$8,027,465	\$0	\$0	\$0	\$0

3. If this action requires additional personnel, provide a detailed explanation below:
 No additional 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 budget request is needed for the current year costs associated with the operation of Lallie Kemp Regional Medical Center for patient care.

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. These are projected expenditures for patient care.

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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.

This BA-7 will provided the needed budget authority to continue the operations of Lallie Kemp Medical Center.

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: There will be no change to the performance standards. This BA-7 will cause no adjustments to the Performance Standards.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE STANDARD		
		CURRENT FY 2021-2022	ADJUSTMENT (+) OR (-)	REVISED FY 2021-2022

JUSTIFICATION FOR ADJUSTMENT(S): Explain the necessity of the adjustment(s).
No adjustments will be made to the Performance Standards.

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 provide the needed budget authority to continue operations. This BA-7 will not impact any other program or agency.

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

This BA-7 will not have any performance impact. This BA-7 will be used for current year expenses for patient care.

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 cause funding for needed services to be unavailable. With the lack of funds, Lallie Kemp would be forced to reduce services. Specific Performance Standards reductions will be in Clinic Visits, Emergency Department Visits, Acute Patient Days, and Hospital Admissions.

STATE OF LOUISIANA
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PROGRAM LEVEL REQUEST FOR MID-YEAR BUDGET ADJUSTMENT

PROGRAM 1 NAME: Lallie Kemp Regional Medical Center

MEANS OF FINANCING:	CURRENT FY 2021-2022	REQUESTED ADJUSTMENT	REVISED FY 2021-2022	ADJUSTMENT/OUTYEAR PROJECTIONS			
				FY 2022-2023	FY 2023-2024	FY 2024-2025	FY 2025-2026
GENERAL FUND BY:							
Direct	\$24,983,780	\$0	\$24,983,780	\$0	\$0	\$0	\$0
Interagency Transfers	\$18,121,686	\$0	\$18,121,686	\$0	\$0	\$0	\$0
Fees & Self-Generated *	\$16,598,113	\$8,027,465	\$24,625,578	\$0	\$0	\$0	\$0
Statutory Dedications **	\$0	\$0	\$0	\$0	\$0	\$0	\$0
FEDERAL FUNDS	\$5,135,498	\$0	\$5,135,498	\$0	\$0	\$0	\$0
TOTAL MOF	\$64,839,077	\$8,027,465	\$72,866,542	\$0	\$0	\$0	\$0
EXPENDITURES:							
Salaries	\$16,075,814	\$3,800,337	\$19,876,151	\$0	\$0	\$0	\$0
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$24,893,663	(\$15,844,281)	\$9,049,382	\$0	\$0	\$0	\$0
Travel	\$12,291	\$0	\$12,291	\$0	\$0	\$0	\$0
Operating Services	\$4,481,685	\$139,146	\$4,620,831	\$0	\$0	\$0	\$0
Supplies	\$4,457,651	\$5,286,947	\$9,744,598	\$0	\$0	\$0	\$0
Professional Services	\$1,833,086	\$1,140,223	\$2,973,309	\$0	\$0	\$0	\$0
Other Charges	\$11,439,740	\$10,679,491	\$22,119,231	\$0	\$0	\$0	\$0
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$1,264,688	\$2,774,313	\$4,039,001	\$0	\$0	\$0	\$0
Acquisitions	\$380,459	\$51,289	\$431,748	\$0	\$0	\$0	\$0
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$64,839,077	\$8,027,465	\$72,866,542	\$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
Non-TO FTE Positions	0	0	0	0	0	0	0
TOTAL POSITIONS	0	0	0	0	0	0	0
*Dedicated Fund Accounts:							
Reg. Fees & Self-generated	\$16,598,113	\$8,027,465	\$24,625,578	\$0	\$0	\$0	\$0
(Select Fund Account)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(Select Fund Account)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
**Statutory Dedications:							
(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 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 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	\$8,027,465	\$0	\$0	\$8,027,465
EXPENDITURES:						
Salaries	\$0	\$0	\$3,800,337	\$0	\$0	\$3,800,337
Other Compensation	\$0	\$0	\$0	\$0	\$0	\$0
Related Benefits	\$0	\$0	(\$15,844,281)	\$0	\$0	(\$15,844,281)
Travel	\$0	\$0	\$0	\$0	\$0	\$0
Operating Services	\$0	\$0	\$139,146	\$0	\$0	\$139,146
Supplies	\$0	\$0	\$5,286,947	\$0	\$0	\$5,286,947
Professional Services	\$0	\$0	\$1,140,223	\$0	\$0	\$1,140,223
Other Charges	\$0	\$0	\$10,679,491	\$0	\$0	\$10,679,491
Debt Services	\$0	\$0	\$0	\$0	\$0	\$0
Interagency Transfers	\$0	\$0	\$2,774,313	\$0	\$0	\$2,774,313
Acquisitions	\$0	\$0	\$51,289	\$0	\$0	\$51,289
Major Repairs	\$0	\$0	\$0	\$0	\$0	\$0
UNALLOTTED	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENDITURES	\$0	\$0	\$8,027,465	\$0	\$0	\$8,027,465
OVER / (UNDER)	\$0	\$0	\$0	\$0	\$0	\$0
POSITIONS						
Classified	0	0	0	0	0	0
Unclassified	0	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

BA-7 QUESTIONNAIRE

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

GENERAL PURPOSE

1. I.E.-This BA-7 is to avoid deficit expenditures in the Administration Program. This BA-7 is to budget a Supplemental Appropriation. This BA-7 is to budget receipt of a federal grant. This BA-7 budgets funding approved at March I.E.B. meeting.

REVENUES

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

2. **If STATE GENERAL FUND**

- Provide details

3. **If IAT**

- List sending agency
- Attach signed IAT agreement or signed letter that sending agency concurs with the need for this BA-7
- Provide original Source of Funding (Where did the sending agency get the funds?)

4. **If Self-Generated Revenues**

- Explain how funds are generated
- Provide original fund balance and revised fund balance
- Provide amount of original fund balance that was originally budgeted
- Provide amount of revised fund balance that will be budgeted if this BA-7 is approved

5. **If Statutory Dedications**

- Provide creating authority (Louisiana Revised Statutes and/or Administrative Code citations)
- Current fund balance
- Current year anticipated revenue

6. **If Interim Emergency Board Appropriations**

- Attach I.E.B. notification approval (will serve as BA-7 justification)

7. **If Federal Funds**

- Provide a copy of the grant award from the Federal Agency
- Explain matching requirements associated with the proposed source of funding (be specific)

8. **All Grants:**

- Explain the purpose of the grant
- Provide a copy of the grant application and notification of grant award
- Provide spending plan for each year of multi-year grants

EXPENDITURES

9. Provide detailed expenditure information including how the amount requested was calculated.
10. If funds are being transferred, please explain how excess funds became available.
11. Provide object details as part of explanation.

OTHER

12. Provide names, phone numbers and e-mail addresses of agency contacts that can provide further information on this item and will attend JLCB to testify.

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 adjust the budget for the current year costs associated with the operation of Lallie Kemp Regional Medical Center for patient care.

REVENUES

Fees and Self Generated Revenues: \$8,027,465

EXPENDITURES

The adjustments below are related to current year projected patient care costs. The adjustment realigns the HCSD legacy related benefits with current account coding. This adjustment also increases Salaries, Operating Services, Supplies, Other Charges, Interagency Transfers, and Acquisitions to align with increased patient care costs. Professional Services increased due to the LINCCA contracts ending.

Salaries: \$3,800,337 – Salaries increased due to increased patient care costs.

Related Benefits: (\$15,844,281) – Related Benefits decreased due to an accounting change in HCSD Retiree Benefits classification. Allocation was moved to Other Charges.

Operating Services: \$139,146 – Operating Services increased due to patient volume.

Supplies: \$5,286,947 – Supplies increased due to increases related to COVID patient care supply costs and shortages.

Professional Services: \$1,140,223 – Professional Services increased due to the ending of the LINCCA program.

Other Charges: \$10,679,491 – Other Charges increased due to accounting change in HCSD Retiree Benefits classification. Allocation was moved from Related Benefits.

Interagency Transfers: \$2,774,313 - Interagency Transfers increased due to the ending of the LINCCA program.

Acquisitions: \$51,289 – Acquisitions increased due to COVID related equipment purchases.

Net Adjustment: \$8,027,465

OTHER

Contact: Chad Thompson, Chief Financial Officer, 985-878-1350, Cthom5@lsuhsc.edu