



**MULTNOMAH COUNTY  
AGENDA PLACEMENT REQUEST  
BUDGET MODIFICATION**

(revised 12/31/09)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS  
AGENDA # R-5 DATE 12/2/10  
WANDA GROW, BOARD CLERK

**Board Clerk Use Only**

<b>Meeting Date:</b>	<u>12/02/2010</u>
<b>Agenda Item #:</b>	<u>R-5</u>
<b>Est. Start Time:</b>	<u>9:55 am</u>
<b>Date Submitted:</b>	<u>10/27/2010</u>

**BUDGET MODIFICATION: HD-11-07**

<b>Agenda Title:</b>	<b>BUDGET MODIFICATION – HD-11-07 - Request approval to appropriate \$554,203 in revenue from intergovernmental charges for increased clinic services at Northeast Health Center.</b>
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*Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.*

<b>Requested Meeting Date:</b>	<u>December 2, 2010</u>	<b>Amount of Time Needed:</b>	<u>5 minutes</u>
<b>Department:</b>	<u>Health Department</u>	<b>Division:</b>	<u>Integrated Clinic Services</u>
<b>Contact(s):</b>	<u>Lester A. Walker – Budget &amp; Finance Manager</u>		
<b>Phone:</b>	<u>(503) 988-3663</u>	<b>Ext.:</b>	<u>26457</u>
<b>Presenter(s):</b>	<u>Susan Kirchoff, Health Centers Operations Director</u>		
<b>I/O Address:</b>	<u>167/2/210</u>		

**General Information**

**1. What action are you requesting from the Board?**

Approval of appropriation of \$554,203 in revenue from intergovernmental charges for increased clinic services at Northeast Health Center.

**2. Please provide sufficient background information for the Board and the public to understand this issue. Please note which Program Offer this action affects and how it impacts the results.**

The Northeast Health Center has experienced a growth of 400 medical users and 2,000 visits in the past year. At the current time, there is no access for adult Medicaid and uninsured patients in this community. There is also some capacity for new pediatric patients in the community surrounding the Northeast Health Center. This proposal aims to add a Family Practice team creating capacity to aid approximately 1,250 new patients and 4,150 visits. This increase in capacity to serve the community will result in sufficient medical fee reimbursement to fund the related increase in staff and medical supplies.

This budget modification supports Program Offer 40020: Northeast Health Clinic.

**3. Explain the fiscal impact (current year and ongoing).**

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$554,203.

**4. Explain any legal and/or policy issues involved.**

None.

**5. Explain any citizen and/or other government participation that has or will take place.**

The Community Health Council supports this expansion of access in the Northeast community.

# ATTACHMENT A

## Budget Modification

If the request is a **Budget Modification**, please answer **all** of the following in detail:

- **What revenue is being changed and why? If the revenue is from a federal source, please list the Catalog of Federal Assistance Number (CFDA).**

The Health Department's federal/state revenue budget will increase by \$554,203 in FY 2011 as a result of the new Medicaid, Medicare, and patient fees.

This is Medicaid revenue, and there is no CFDA number.

- **What budgets are increased/decreased?**

The Health Department's budget will have the following changes:

- Permanent budget will increase by \$291,475
- Temporary budget will increase by \$827
- Premium budget will increase by \$3,978
- Salary Related Expense budget will increase by \$95,895
- Non Base Fringe will increase by \$159
- Insurance Benefits budget will increase by \$96,529
- Non Base Insurance budget will increase by \$27
- Professional Services budget will increase by \$6,000
- Printing budget will increase by \$894
- Supplies budget will increase by \$11,500
- Medical & Dental Supplies budget will increase by \$4,000
- Travel & Training budget will increase by \$1,000
- Local Travel/Mileage budget will increase by \$250
- Central Indirect will increase by \$8,713
- Department Indirect will increase by \$32,956

This team will be using space that NEHC already occupies and no increase in facilities management costs is expected.

- **What do the changes accomplish?**

This increased funding will increase access to healthcare for families in Northeast Portland.

- **Do any personnel actions result from this budget modification? Explain.**

- Add 1.50 FTE Office Assistant 2, position numbers 714649, 714650. This position was reviewed by Class/Comp and approved on 08/26/2010 (request #1578).
- Add 1.50 FTE Clinic Medical Assistant, position numbers 714676, 714677. This position was reviewed by Class/Comp and approved on 08/26/2010 (request #1579).
- Add 0.75 FTE Licensed Comm Practical Nurse, position number 714648. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1588).
- Add 0.23 FTE Nurse Practitioner, position number 714679. This position was reviewed by

Class/Comp and approved on 08/19/2010 (request #1590).

- Add 0.75 FTE Community Health Nurse, position number 714680. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1589).
- Add 0.67 FTE Physician, position number 714681. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1591).
- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**  
The revenue covers these costs.
- **Is the revenue one-time-only in nature? Will the function be ongoing? What plans are in place to identify a sufficient ongoing funding stream?**  
This revenue stream will be ongoing.
- **If a grant, what period does the grant cover? When the grant expires, what are funding plans? Are there any particular stipulations required by the grant (i.e. cash match, in kind match, reporting requirements etc)?**

N/A

*NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.*

**ATTACHMENT B**

**BUDGET MODIFICATION: HD-11-07**

**Required Signatures**

**Elected Official or  
Department/  
Agency Director:**

*Lillian Shirley*

**Date:** 10-22-2010

**Budget Analyst:**

**Date:**

*Kathleen Fuller Lee*

**Department HR:**

**Date:** 10/18/2010

**Countywide HR:**

*L. Beatty*

**Date:** 10/25/2010

Budget Modification ID: **HD-11-07****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit			Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element	Cost Element					
1	40-70	26020	40020	0030			47650-00-26020	50236	(849,389)	(955,290)	(105,901)		Increase IG-Charges for Srvc
2	40-70	26020	40020	0030			47650-00-26020	60000	398,371	447,998	49,627		Increase Permanent
3	40-70	26020	40020	0030			47650-00-26020	60100	37,540	38,367	827		Increase Temporary
4	40-70	26020	40020	0030			47650-00-26020	60120	0	3,978	3,978		Increase Premium
5	40-70	26020	40020	0030			47650-00-26020	60130	119,591	136,909	17,318		Increase Salary Related Exps
6	40-70	26020	40020	0030			47650-00-26020	60135	11,270	11,429	159		Increase Non Base Fringe
7	40-70	26020	40020	0030			47650-00-26020	60140	79,132	102,994	23,862		Increase Insurance Benefits
8	40-70	26020	40020	0030			47650-00-26020	60145	1,220	1,247	27		Increase Non Base Insurance
9	40-70	26020	40020	0030			47650-00-26020	60246	0	2,000	2,000		IncreaseMed & Dental Supplies
10	40-70	26020	40020	0030			47650-00-26020	60260	0	140	140		Increase Travel & Training
11	40-70	26020	40020	0030			47650-00-26020	60350	13,353	15,018	1,665		Increase Central Indirect
12	40-70	26020	40020	0030			47650-00-26020	60355	50,508	56,806	6,298		Increase Dept Indirect
13										0			
14	40-70	26030	40020	0030			47650-00-26030	50236	(2,518,319)	(2,903,099)	(384,780)		Increase IG-Charges for Srvc
15	40-70	26030	40020	0030			47650-00-26030	60000	1,345,969	1,564,092	218,123		Increase Permanent
16	40-70	26030	40020	0030			47650-00-26030	60130	439,229	510,098	70,869		Increase Salary Related Exps
17	40-70	26030	40020	0030			47650-00-26030	60140	470,684	531,674	60,990		Increase Insurance Benefits
18	40-70	26030	40020	0030			47650-00-26030	60170	326	6,193	5,867		Increase Prof Svcs
19	40-70	26030	40020	0030			47650-00-26030	60350	39,593	45,642	6,049		Increase Central Indirect
20	40-70	26030	40020	0030			47650-00-26030	60355	149,756	172,638	22,882		Increase Dept Indirect
21										0			
22	40-70	26080	40020	0030			47650-00-26080	50236	(316,817)	(365,311)	(48,494)		Increase IG-Charges for Srvc
23	40-70	26080	40020	0030			47650-00-26080	60000	0	23,725	23,725		Increase Permanent
24	40-70	26080	40020	0030			47650-00-26080	60130	0	7,708	7,708		Increase Salary Related Exps
25	40-70	26080	40020	0030			47650-00-26080	60140	0	11,677	11,677		Increase Insurance Benefits
26	40-70	26080	40020	0030			47650-00-26080	60170	23,627	23,760	133		Increase Prof Svcs
27	40-70	26080	40020	0030			47650-00-26080	60180	0	894	894		Increase Printing
28	40-70	26080	40020	0030			47650-00-26080	60260	0	711	711		Increase Travel & Training
29	40-70	26080	40020	0030			47650-00-26080	60350	4,974	5,736	762		Increase Central Indirect
											(2,884)	0	<b>Total - Page 1</b>
											0	0	<b>GRAND TOTAL</b>

Budget Modification ID: **HD-11-07**

### EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Internal Order	Accounting Unit			Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
						Cost Center	WBS Element	Cost Element					
30	40-70	26080	40020	0030			47650-00-26080	60355	18,812	21,696	2,884		Increase Dept Indirect
31										0			
32	40-70	40140	40020	0030			47650-00-40140	50235	(14,448)	(16,716)	(2,268)		Increase IG-Charges for Srvc
33	40-70	40140	40020	0030			47650-00-40140	60246	0	2,000	2,000		Increase Med & Dental Supplie
34	40-70	40140	40020	0030			47650-00-40140	60260	0	97	97		Increase Travel & Training
35	40-70	40140	40020	0030			47650-00-40140	60350	226	262	36		Increase Central Indirect
36	40-70	40140	40020	0030			47650-00-40140	60355	855	990	135		Increase Dept Indirect
37										0			
38	40-70	40160	40020	0030			47650-00-40160	50235	(122,760)	(135,520)	(12,760)		Increase IG-Charges for Srvc
39	40-70	40160	40020	0030			47650-00-40160	60240	0	11,500	11,500		Increase Supplies
40	40-70	40160	40020	0030			47650-00-40160	60260	1,225	1,277	52		Increase Travel & Training
41	40-70	40160	40020	0030			47650-00-40160	60270	650	900	250		Increase Local Travel/Mileage
42	40-70	40160	40020	0030			47650-00-40160	60350	1,933	2,133	200		Increase Central Indirect
43	40-70	40160	40020	0030			47650-00-40160	60355	7,310	8,068	758		Increase Dept Indirect
44										0			
45	72-10	3500		0020		705210		50316	(490,586)	(587,142)	(96,556)		Insurance Revenue
46	72-10	3500		0020		705210		60330	473,092	569,648	96,556		Offsetting Expenditure
47										0			
48	19	1000		0020		9500001000		50310	(5,406,058)	(5,414,770)	(8,712)		Indirect Reimb Rev in GF
49	19	1000		0020		9500001000		60470	6,816,989	6,825,701	8,712		CGF Contingency Expenditure
50										0			
51	40-90	1000	40040	0030				409050	(5,878,426)	(5,911,383)	(32,957)		Dept Indirect Revenue
52	40-90	1000	40040	0030				409001	304,460	337,417	32,957		Dept Indirect Offsetting Exp
53										0			
54										0			
55										0			
56										0			
57										0			
58										0			
											<b>2,884</b>	<b>0</b>	<b>Total - Page 2</b>
											<b>0</b>	<b>0</b>	<b>GRAND TOTAL</b>