



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R-14 DATE 1/8/15
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/8/15
Agenda Item #: R.16
Est. Start Time: 11:20 AM
Date Submitted: 12.16.14

Agenda Title: **BUDGET MODIFICATION # HD-08-15: Request approval to appropriate \$145,420 from CareOregon**

Requested Meeting Date: 1/8/15 Time Needed: 10 Minutes

Department: 40 - Health Department Division: Integrated Clinic Services

Contact(s): Robert Stoll, Budget and Finance Manager

Phone: 503-988-8445 Ext. 88445 I/O Address 167/2/210

Presenter Name(s) & Title(s): Vanetta Abdellatif, Integrated Clinic Services Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$145,420 in revenue from the CareOregon Risk Accepting Entity (RAE) Medical Director revenue agreement.

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.

Multnomah County is the largest provider of primary care health services in the CareOregon network, and has been working with CareOregon to represent our client population in health system transformation efforts. Multnomah County's Deputy Medical Director is working with CareOregon to collaborate with other medical providers to develop systems that improve care and decrease cost for clients. In support of this goal, CareOregon has agreed to fund a portion of the Deputy Medical Director position. This will enable CareOregon to benefit from Multnomah County's expertise. It will also enable Multnomah County to advocate for the needs of our patients and primary care teams.

This budget modification supports Program Offer 40030: Medical Directors (Physician, Nurse Practitioner, and Nursing).

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

Approval of this budget modification will increase the Health Department's federal/state FY 2015 budget by \$145,420. There is no increase to County General Fund expenses.

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

None.

5. Explain any citizen or other government participation.

None.

Budget Modification

6. 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 \$145,420 in FY 2015 as a result of the work performed under this award. This is not federal revenue.

7. What budgets are increased/decreased?

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

- Permanent budget will increase by \$99,235
- Salary Related Expense budget will increase by \$31,914
- Insurance Benefits budget will increase by \$14,271

8. What do the changes accomplish?

This revenue agreement will enable Multnomah County to advocate on behalf of primary care teams and clients for tangible improvements to the health care system. It will also reduce costs to Multnomah County by sharing the cost of staff.

9. Do any personnel actions result from this budget modification?

This budget modification will fund 0.50 FTE of the existing Deputy Medical Director, position 708823.

The internal services costs necessary to support any temporary or on-call staff are included in the current FY 2015 budget.

10. If a grant, is 100% of the central and department indirect recovered? If not, please explain why.

As a condition of the funding agreement, this award covers only direct payroll expenses.

11. 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 is ongoing.

12. 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 (e.g. cash match, in kind match, reporting requirements, etc)?

This funding arrangement is ongoing, and there are no match or non-standard reporting requirements.

Required Signature

**Elected Official or
Dept. Director:** Joanne Fuller /s/

Date: 12/15/2014

Budget Analyst: Wendy Lin-Kelly /s/

Date: 12/16/2014

Department HR: /s/ Larry Brown

Date: 12/11/2014

Countywide HR: _____

Date: _____

Budget Modification: HD-08-15

Expenditures & Revenues

An increase in revenue is shown as a negative value and a decrease as a positive value for consistency with SAP.

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/(Decrease)	Subtotal
1	40030-15	1000	40-80	0030	47050-GF	60000 - Permanent	491,754	392,518	(99,236)	
2	40030-15	1000	40-80	0030	47050-GF	60100 - Temporary	65,611	164,847	99,236	
3	40030-15	1000	40-80	0030	47050-GF	60130 - Salary Related Expns	157,833	125,919	(31,914)	
4	40030-15	1000	40-80	0030	47050-GF	60135 - Non Base Fringe	5,400	37,314	31,914	
5	40030-15	1000	40-80	0030	47050-GF	60140 - Insurance Benefits	90,845	76,574	(14,271)	
6	40030-15	1000	40-80	0030	47050-GF	60145 - Non Base Insurance	2,041	16,312	14,271	
1000 Total										0
7	40030-15	32653	40-80	0030	4CA242-01-1	50210 - OP-Nongovt'l Prog	0	(145,420)	(145,420)	
8	40030-15	32653	40-80	0030	4CA242-01-1	60000 - Permanent	0	99,236	99,236	
9	40030-15	32653	40-80	0030	4CA242-01-1	60130 - Salary Related Expns	0	31,914	31,914	
10	40030-15	32653	40-80	0030	4CA242-01-1	60140 - Insurance Benefits	0	14,271	14,271	
32653 Total										0
40-80 Total										0
Program Offer Number 40030-15 Total										0
11	72020-15	3500	72-80	0020	705210	50316 - Svc Rmb Med/Dental	(66,961,177)	(66,975,447)	(14,271)	
12	72020-15	3500	72-80	0020	705210	60330 - Claims Paid	3,964,734	3,979,004	14,271	
3500 Total										0
72-80 Total										0
Program Offer Number 72020-15 Total										0

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-08-15

Annualized Personnel Changes

Change is shown on a full year basis even though this action affects only a part of the fiscal year (FY).

						Annualized				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
708823	9490	Physician	67050	1000	47050-GF	(0.50)	(99,236)	(31,914)	(14,271)	(145,420)
708823	9490	Physician	67050	32653	4CA242-01-1	0.50	99,236	31,914	14,271	145,420
Total Annualized Changes:						0.00				

Current Year Personnel Changes

Cost/savings that will take place in this FY; these explain the actual dollar amounts being changed by this BudMod.

						Current Year				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
708823	9490	Physician	67050	1000	47050-GF	(0.50)	(99,236)	(31,914)	(14,271)	(145,420)
708823	9490	Physician	67050	32653	4CA242-01-1	0.50	99,236	31,914	14,271	145,420
Total Current FY Changes:						0.00				