



Multnomah County
Agenda Placement Request
Budget Modification
(FY 2018)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-38-18: Request approval to appropriate \$5,000,000 in increased revenue from Integrated Clinical Service

Requested Meeting Date: 6/21/18 **Time Needed:** 5 Minutes

Department: 40 - Health Department **Division:** Integrated Clinical Services

Contact(s): Angel Landron-Gonzalez, Budget & Finance Manager

Phone: 503-988-7438 **Ext.** 87438 **I/O Address** 167/2/210

Presenter Name(s) & Title(s): Mark Lewis, Health Department Deputy Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$5,000,000 in increased revenue from Medicaid incentives and intergovernmental charges for pharmacy and primary care services.

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.

This budget modification appropriates \$5,000,000 in Medicaid incentives and intergovernmental revenue to bring the Health Department's budget in line with actual expenditures and will prevent spending more revenue than the budgeted authority.

This budget modification increases pharmacy and primary care related revenue in the Integrated Clinical Services' (ICS) budget by \$5,000,000 to increase the budget to match estimated expenditures for FY 2018.

These changes impact program offers:

- 40031: Pharmacy
- 40019: North Portland Health Clinic
- 40020: Northeast Health Clinic
- 40022: Mid County Health Clinic

40023: East County Health Clinic
40026: La Clinica de Buena Salud
40027: Southeast Health Clinic
40029: Rockwood Community Health Clinic

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

Approval of this budget modification will increase the Health Department's federal/state budget by \$1,000,000 and the general fund/FQHC Medicaid budget by \$4,000,000.

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

Without this budget modification, the Health Department would likely violate Oregon Budget Law or would be unable to expend collected revenues. This budget modification is necessary to keep this violation from occurring.

5. Explain any citizen or other government participation.

N/A

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 budget will increase by \$1,000,000 and the general fund/FQHC Medicaid budget will increase by \$4,000,000 in FY 2018. There is no CFDA number associated with this revenue.

7. What budgets are increased/decreased?

The Health Department's Pharmaceuticals budget will increase by \$3,000,000, and the Medical and Dental Supplies budget will increase by \$2,000,000.

8. What do the changes accomplish?

These changes will help the Health Department avoid a likely violation of Oregon Budget law by increasing budget authority to accommodate estimated fee revenue.

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

There are no personnel actions associated with this budget modification.

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

Yes, this revenue source allows for the recovery of indirect expenses. However, since indirects are only assessed on personnel expenses, they're not applicable to this budget modification.

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 the result of an ongoing operation.

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 budget modification is not grant related.

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____