



# Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

APPROVED: MULTNOMAH COUNTY  
BOARD OF COMMISSIONERS

AGENDA # R-3 DATE 6/25/15  
MARINA BAKER, ASST BOARD CLERK

### Board Clerk Use Only

Meeting Date: 6/25/15  
Agenda Item #: R.3  
Est. Start Time: Approx. 10:05 am  
Date Submitted: 6/10/15

**Agenda Title: BUDGET MODIFICATION # DCHS-56-15: Increasing DCHS MHAD Behavioral Health/HSO fund appropriation by \$4,040,642**

Requested Meeting Date: 6/25/15 Time Needed: 5 Minutes  
Department: 25 - County Human Services Division: Mental Health & Addiction Services

Contact(s): Rob Kodiriy, Devarshi Bajpai

Phone: 503-988-6569 Ext. 86569 I/O Address 167/1/240

Presenter Name(s) & Title(s): Rob Kodiriy - Business Services Director, Devarshi Bajpai - Medicaid Plan Manager

## General Information

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

The Department of County Human Services (DCHS), Mental Health & Addiction Services Division (MHASD) is requesting approval of budget modification DCHS15-56, which increases the MHASD Behavioral Health/Health Share of Oregon (HSO) appropriation for FY2015 by \$4,040,642.

### 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.

MHASD is requesting an increase of the Behavioral Health/HSO appropriation in the amount of \$4,040,642 for the FY15 Budget. Healthcare transformation has increased Medicaid enrollment in the HealthShare of Oregon Coordinated Care Organization (CCO), for which MHASD serves as the Risk Accepting Entity (RAE) for mental health and addiction services. This increased enrollment has resulted in higher than predicted revenue to the MHASD Behavioral Health/HSO fund. Along with greater revenues, MHASD Behavioral Health/HSO expenses have changed due to increasing membership and a change in the provider case-rate payment methodology associated with the transition of case-rate payment administration to a third-party claims administrator. This budget modification provides budget authority to expend the projected revenues, ensuring MHASD continues to fund the delivery of mental health and addiction services to HealthShare of Oregon members without interruption.

N/A

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

Yes, the HSO funds pay 100% of indirect costs.

**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 allocation represents ongoing capitation payments for the increased membership of the HSO.

**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)?**

Current estimated funding for OHP/Medicaid is based on the County's fiscal year of July 1, 2014 to June 30, 2015. Funding is based on currently enrolled HSO members and is for providing Mental Health services and administration.

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**Required Signature**

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**Elected Official or  
Dept. Director:** Liesl Wendt /s/

**Date:** 6/10/15

**Budget Analyst:** Allegra Willhite /s/

**Date:** 6/10/15

**Department HR:** n/a

**Date:** \_\_\_\_\_

**Countywide HR:** n/a

**Date:** \_\_\_\_\_

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	25000A-15	1000	26-10	0040	CHSDO.IND1000	50370 - Dept Indirect Rev	(889,854)	(991,842)	(101,988)	
2	25000A-15	1000	26-10	0040	CHSDO.IND1000	60170 - Professional Svcs	208,290	310,278	101,988	
<b>1000 Total</b>										<b>0</b>
<b>26-10 Total</b>										<b>0</b>
<b>Program Offer Number 25000A-15 Total</b>										<b>0</b>
3	25062-15	3002	20-80	0040	MA AD MHSA XIX	50195 - IG-OP-Fed Thru Other	(24,089,018)	(28,129,660)	(4,040,642)	
4	25062-15	3002	20-80	0040	MA AD MHSA XIX	60160 - Pass-Thru & Pgm Supt	22,750,842	26,599,439	3,848,597	
5	25062-15	3002	20-80	0040	MA AD MHSA XIX	60350 - Central Indirect	536,923	626,980	90,057	
6	25062-15	3002	20-80	0040	MA AD MHSA XIX	60355 - Dept Indirect	608,055	710,043	101,988	
<b>3002 Total</b>										<b>0</b>
<b>20-80 Total</b>										<b>0</b>
<b>Program Offer Number 25062-15 Total</b>										<b>0</b>
7	95000-15	1000	19	0020	9500001000	50310 - Intl Svc Reimburse	(7,315,812)	(7,405,869)	(90,057)	
<b>1000 Total</b>										<b>(90,057)</b>
<b>19 Total</b>										<b>(90,057)</b>
<b>Program Offer Number 95000-15 Total</b>										<b>(90,057)</b>
8	95001-15	1000	19	0020	9500001000	60470 - Contingency	9,326,928	9,416,985	90,057	
<b>1000 Total</b>										<b>90,057</b>
<b>19 Total</b>										<b>90,057</b>
<b>Program Offer Number 95001-15 Total</b>										<b>90,057</b>

