



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-36-15: Request approval to appropriate \$5,000,000 in increased revenue from intergovernmental charges.

Requested Meeting Date: 6/11/15 **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): Joanne Fuller, Health Department Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$5,000,00 in increased revenue from intergovernmental charges for dental and pharmacy 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 intergovernmental revenue to bring the Health Department's budget in line with estimated revenue and not exceed budget authority by collecting more revenue than is budgeted.

This budget modification increases the Integrated Clinical Services' (ICS) budget by \$5,000,000 to bring budgeted revenue in line with estimated fee revenue. The increased revenue comes from 1) a higher percentage of insured dental clients; and 2) higher prescription revenue due to productivity increases and service expansion.

These changes impact program offers 40017: Dental Services and 400031: Pharmacy.

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 \$5,000,000.

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

Without this budget modification the Health Department would likely violate Oregon Budget Law by collecting more revenue than is authorized in the budget. 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 \$5,000,000 in FY 2015. There is no CFDA number associated with this revenue.

7. What budgets are increased/decreased?

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

- * Medical Supplies budget will increase by \$504,210
- * Drugs budget will increase by \$4,048,694
- * Central Indirect budget will increase by \$106,539
- * Department Indirect budget will increase by \$340,557

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.

All indirect costs are recovered from Medicaid and Medicare intergovernmental charges.

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 function.

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: _____