



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-23-15: Request approval to appropriate \$218,565 from HRSA Outreach and Enrollment Grant

Requested Meeting Date: _____ **Time Needed:** 5 Minutes

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

Contact(s): Robert Stoll – Budget & Finance Manager

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

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

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$218,565 from the Health Resources and Services Administration (HRSA) Outreach and Enrollment Grant award.

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 Multnomah County Health Department (MCHD) has received \$218,565 from HRSA to hire staff to conduct outreach to uninsured clients and community members; educate them on affordable insurance options; and enroll them in insurance. The outreach and enrollment achieved through this grant will allow 3,000-4,000 previously uninsured Multnomah County clients and residents to benefit from health insurance coverage. These activities will be executed over a 12-month project period beginning in July 2014. The award amount was generated by HRSA based on the proportion of MCHD patients that are uninsured.

This budget modification supports Program Offer 40016-15 - Medicaid/Medicare Eligibility

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

Approval of this budget modification will increase Multnomah County's federal/state FY 2015 budget by \$218,565. 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 County's federal/state revenue budget will increase by \$218,565 in FY 2015 as a result of this budget modification.

This is federal revenue, CFDA #93.224.

7. What budgets are increased/decreased?

The County's budget will have the following changes:

- Permanent budget will increase by \$111,589
- Temporary budget will increase by \$750
- Salary Related Expense budget will increase by \$34,770
- Non Base Fringe budget will increase by \$155
- Insurance Benefits budget will increase by \$47,891
- Non Base Insurance budget will increase by \$17
- Professional Services budget will increase by \$336
- Printing budget will increase by \$1,248
- Communications budget will increase by \$13
- Repairs & Maintenance budget will increase by \$222
- Supplies budget will increase by \$1,150
- Travel & Training budget will increase by \$530
- Local Travel/ Mileage budget will increase by \$350
- Central Indirect budget will increase by \$4,657
- Department Indirect will increase by \$14,887

8. What do the changes accomplish?

- This grant award will allow MCHD to hire staff to conduct outreach to uninsured clients and community members; educate them on affordable insurance options; and enroll them in insurance.

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

This budget modification will affect the following positions:

- Add 2.81 FTE Eligibility Specialists, positions 716732, 716733, 716734 and 716735. These positions were approved on 8/26/14 by class comp request #2606.

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

Central and department indirect costs are fully covered.

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?

These funds are one-time-only. When the grant period is over the project will be complete.

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)?

The grant period is July 1, 2014 – June 30, 2015.
There are no match requirements or non-standard reporting requirements.

Required Signature

Elected Official or Dept. Director:	_____	Date:	_____
Budget Analyst:	_____	Date:	_____
Department HR:	_____	Date:	_____
Countywide HR:	_____	Date:	_____