



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 08/02/10)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # 2-8 DATE 6/23/11
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 6/23/11

Agenda Item #: R.8

Est. Start Time: 10:20 am

Date Submitted: 6/6/11

BUDGET MODIFICATION: DCHS11 - 30

BUDGET MODIFICATION #DCHS11-30 – Increasing Mental Health and Addiction Services Division (MHASD) Oregon Health Plan (OHP/Medicaid) funding Title: by \$1,764,871 for processing of children’s mental health claims.

Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

Requested Meeting Date:	<u>Next Available</u>	Amount of Time Needed:	<u>5 Minutes</u>
Department:	<u>County Human Services</u>	Division:	<u>Mental Health & Addiction Services</u>
Contact(s):	<u>Dana Lloyd</u>		
Phone:	<u>988-3691</u>	Ext.	<u>22377</u>
		I/O Address:	<u>167/240</u>
Presenter Name(s) & Title(s):	<u>Karl Brimner</u>		

General Information

1. What action are you requesting from the Board?

The Department of County Human Services recommends approval of budget modification DCHS11-30, which will increase Mental Health and Addictions Services Division’s (MHASD) OHP (Medicaid) funding by \$1,764,871, for the processing of children’s mental health claims.

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.

Program Offer #25057-Inpatient, Sub-acute, and Residential Services for Children. The more intensive mental health needs of children and families enrolled in Oregon Health Plan are met through the following service types: psychiatric inpatient hospitalization services, psychiatric residential treatment services for children, and secure alternatives to psychiatric hospitalization for children. The three program elements combined provide a continuum of services for 668 children each year who need secure placement outside the home for mental health care.

**Budget Modification APR
Submit to Board Clerk**

Verity capitation payments are exceeding budgeted amounts due to increasing verity membership. These additional capitation payments will be utilized to offset claims paid for children's mental health services in FY11.

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

Verity capitation payments are exceeding budgeted amounts due to increasing verity membership. This budget modification increases revenue to current year estimates and is ongoing in nature. The general fund contingency is increased by \$30,003.

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

N/A

5. Explain any citizen and/or other government participation that has or will take place.

N/A

ATTACHMENT A

Budget Modification

If the request is a **Budget Modification**, please answer all of the following in detail:

- **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 OHP (Medicaid) fund will increase by \$1,764,871. CFDA number – N/A.

- **What budgets are increased/decreased?**

Program Offer #25057-Inpatient, Sub-acute, and Res Services for Children – OHP (Medicaid) fund will increase by \$1,764,871, Pass-Thru will increase by \$1,764,871. General fund contingency is increased by \$30,003.

- **What do the changes accomplish?**

Increase to OHP (Medicaid) revenue by \$1,764,871 which will cover claims filed by children's mental health service providers.

- **Do any personnel actions result from this budget modification? Explain.**

N/A

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

Yes, the additional OHP/Medicaid funding is subject to Central Indirect charges.

- **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?**

The OHP/Medicaid funding is received monthly based on currently enrolled Verity members and is ongoing in nature.

- **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 (i.e. cash match, in kind match, reporting requirements etc)?**

**Budget Modification APR
Submit to Board Clerk**

Current estimated funding for OHP/Medicaid is based on the county's fiscal year of July 1, 2010 to June 30, 2011. Funding is based on currently enrolled Verity members and is for Mental Health services and administration.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

ATTACHMENT B

BUDGET MODIFICATION: DCHS11-30

Required Signatures

Elected Official or
Department/
Agency Director:

Dana C. Lloyd for Kathy Jinkle

Date: 6/6/11

Budget Analyst:



Date: 6/6/2011

**Budget Modification APR
Submit to Board Clerk**

Budget Modification ID: **DCHS11-30****EXPENDITURES & REVENUES**

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2011

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal	Description
					Internal Order	Cost Center	WBS Element						
1	20-80	3002	25057	40			MA SC SP ITMHS XIX	50190	(1,464,480)	(2,729,351)	(1,264,871)		IG-OP-Fed thru State
2	20-80	3002	25057	40			MA SC SP ITMHS XIX	60160	1,440,400	2,683,768	1,243,368		Pass-Thru
3	20-80	3002	25057	40			MA SC SP ITMHS XIX	60350	24,480	45,983	21,503		Central Indirect
4													
5	20-80	3002	25057	40			MA SC SP PRTS XIX	50190	(1,728,900)	(1,828,900)	(100,000)		IG-OP-Fed thru State
6	20-80	3002	25057	40			MA SC SP PRTS XIX	60160	1,700,000	1,798,300	98,300		Pass-Thru
7	20-80	3002	25057	40			MA SC SP PRTS XIX	60350	28,900	30,600	1,700		Central Indirect
8													
9	20-80	3002	25057	40			MA SN IP VER CH XIX	50190	(355,950)	(755,950)	(400,000)		IG-OP-Fed thru State
10	20-80	3002	25057	40			MA SN IP VER CH XIX	60160	350,000	743,200	393,200		Pass-Thru
11	20-80	3002	25057	40			MA SN IP VER CH XIX	60350	5,950	12,750	6,800		Central Indirect
12													
13	19	1000		0020		9500001000		50310		(30,003)	(30,003)		Svs Reim F/S to General
14	19	1000		0020		9500001000		60470		30,003	30,003		Contingency
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