



MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

Board Clerk Use Only

Meeting Date: 2/6/14
 Agenda Item #: C.3
 Est. Start Time: 9:30 am
 Date Submitted: 1/23/14

Agenda Title: **BUDGET MODIFICATION: DCHS14-28 reclassifying a vacant full-time Case Management Assistant position to a Case Manager 2 in Aging & Disability Services.**

Note: If Contingency, use that form. If item other than a BudMod, please use different APR. : Title should not be more than 2 lines but sufficient to describe the action requested.

Requested Meeting Date: Next Available **Time Needed:** N/A (Consent)
Department: County Human Services **Division:** Aging & Disability
Contact(s): Dana Lloyd
Phone: (503) 988-4073 **Ext.** 84073 **I/O Address:** 167/1/510
Presenter Name(s) & Title(s): N/A – Consent Agenda

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) is requesting approval of budget modification DCHS14-28, authorizing the reclassification of a vacant full-time Case Management Assistant position to a Case Manager 2 in Aging & Disability Services (ADS) as determined by the Class/Comp unit of Central Human Resources, Reclassification Request #2397.

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 reflects an HR Class/Comp decision on a reclassification request initiated by management in Program Offer 25023A – ADS Long Term Care. ADS submitted the request to reflect the operational needs of the Mid-County Long Term Care (LTC) unit. This position will be working as a Transition and Diversion Case Manager. Duties will include care planning and case management as well as assessment and eligibility determination.

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

The pay scale for the Case Manager 2 position is higher than that of a Case Management Assistant. This will result in a total fiscal year budget increase in personnel costs of \$7,011. The budget for Supplies in ADS Long Term Care will be reduced by a like amount to offset the increased personnel costs. Subsequent fiscal year personnel costs will increase \$14,837 per annum plus any approved merit and COLA increases and will be absorbed within the division's budget.

Service reimbursement from the Federal/State fund to the Risk Management fund will increase by \$2,591.

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

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).**

No revenue is being changed.

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

There is a neutral impact to the Aging & Disabilities Services budget as a result of this reclassification.

Service reimbursement from the Federal/State fund to the Risk Management fund will increase by \$2,591.

- **What do the changes accomplish?**

This budget modification implements the decision from HR Class/Comp to reclassify a vacant full-time Case Management Assistant position to a Case Manager 2 in order to accurately reflect the actual planned functions and duties of the position involved.

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

Yes. The approval of this budget modification will result in reclassifying a full-time position in Aging & Disability Services from a Case Management Assistant to a Case Manager 2 as determined by the Class/Comp unit of Central Human Resources.

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

N/A

- **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?**

N/A

- **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)?**

N/A

NOTE: Attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signatures

Elected Official or Dept Director: Kathy Tinkle for Susan Myers /s/ **Date:** 01/21/14

Budget Analyst: Jennifer Unruh /s/ **Date:** 1/23/14

Department HR: Urmila Jhattu /s/ **Date:** 01/22/14

Countywide HR: Susan Mullett /s/ **Date:** 01/22/14

Note: Please submit electronically. Insert names of your approvers followed by /s/ - we no longer use actual signatures. Please date each signature. Use "n/a" when signature not applicable."