



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(Revised: 09/23/13)

## Board Clerk Use Only

Meeting Date: 6/8/25  
Agenda Item #: R.6  
Est. Start Time: 9:35 am  
Date Submitted: 5/34/25

**Agenda Title:** **BUDGET MODIFICATION # HD-14-15 – Request approval to transfer \$5,424,377 from the General Fund to the Federal/State Fund.**

*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:** May 8, 2014 **Time Needed:** 10 Minutes  
**Department:** Health Department **Division:** Business 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):** Wendy Lear, Health Department Business Services Manager

## General Information

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

Approval to transfer \$5,424,377 from the general fund, medicaid wraparound subfund to the federal/state fund.

### 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 transfers appropriation of \$5,424,377 of intergovernmental revenue from the general fund to the federal/state fund. This transfer will bring the department's budget in line with estimated revenue projections for FY 2014. No new appropriation is added to the Health Department as a result of this transaction.

In FY 2013 the Multicare Dental insurance plan was transitioned to CareOregon. This change resulted in a shift in the payor mix as well as a change to the payment method. Based on the current FY 2014 revenue estimates, the Department expects to collect more Medicaid fee-for-service revenue and less Medicaid wraparound revenue than was expected at the time the FY 2014 budget was created. A budget adjustment is needed to

ensure adequate appropriation in the federal/state fund to avoid a possible budget violation by expending more Medicaid fee-for-service revenue than is currently authorized.

This budget modification supports Program Offers 40017: Dental Services.

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

Approval of this budget modification will decrease the Health Department's general fund and increase the Health Department's federal/state fund by \$5,424,377.

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

Without this budget modification the Health Department would likely violate Oregon budget law by expending more in the federal/state fund than is currently authorized in the adopted budget. This budget modification is necessary to keep this from occurring.

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

N/A

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**Budget Modification**

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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).**

This budget modification will decrease the Medicaid wraparound revenue and increase the Medicaid fee-for-service revenue due to a change in payor mix. The Health Department's general fund budget will decrease by \$5,424,377 and the federal/state revenue budget will increase by \$5,424,377 in FY 2014 as a result of this budget adjustment.

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

There will be no net change to the Health Department's budget. The Health Department's budget will show a decrease of \$5,424,377 in the general fund and an equivalent increase in the federal/state fund.

- **What do the changes accomplish?**

By transferring appropriation from the general fund to the federal/state fund, the Health Department will avoid a likely violation of Oregon budget law.

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

No personnel actions are associated with this budget modification.

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

Indirect is funded with existing department revenue.

- **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.

- **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)?**

This budget modification is not grant-related.

<p><i>NOTE: Attach a Budget Modification Expense &amp; Revenues Worksheet and/or a Budget Modification Personnel Worksheet.</i></p>
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**Required Signatures**

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**Elected Official**      KaRin Johnson for Joanne Fuller/s/      04-23-14  
**or Dept Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Budget Analyst:**      Althea Gregory /s/      **Date:** 04-23-14  
\_\_\_\_\_

**Department HR:**      Kathleen Fuller-Poe /s/      **Date:** 04-22-14  
\_\_\_\_\_

**Countywide HR:**      \_\_\_\_\_ **Date:** \_\_\_\_\_

*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."*