



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-25-16: Authorizing one position reclassification within the Health Department

Requested Meeting Date: _____ **Time Needed:** N/A - Consent

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): N/A (Consent Agenda)

General Information

1. What action are you requesting from the Board?

Approval of staffing adjustments resulting from the reclassification of one position. This change will not impact the Health Department's total FTE for FY 2016.

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.

Reclassify a 1.00 FTE Office Assistant 2 to a 1.00 FTE Office Assistant Senior, position 716488, in the Integrated Clinical Services Division of the Health Department. Class Comp approved the reclassification effective 6/17/2015 (reclassification #3250). This position is responsible for managing medical, dental, x-ray, and behavioral health referrals for clients who receive services at school-based health centers in the county (13 centers currently). The position analyzes workplace practices and provides recommendations to the management team and supervisors; provides direction to clinic staff including training and coaching; reviews referrals and tracking reports for accuracy and provides input to supervisors for staff follow-up; generates, prepares, and modifies referral workflows and procedures; processes referrals according to priority and category; handles complex pre-authorization protocols required by specialty care providers and insurance companies; verifies insurance information using various sources; acts as liaison with Eligibility Specialists for coverage, discounts, or other programs; and acts as a liaison between client, parent/guardian, provider, and referral source.

This change impacts program offer 40024A– School Based Health Centers

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

This budget modification has no fiscal impact in the current year. Budgeted personnel costs are within the pay scales of the new classifications or other budgeted line items have been adjusted so that the changes are budget neutral.

The reclassification of position 716488 to an Office Assistant Senior is budget neutral, because the current budgeted pay for the position falls within the pay-scale of the new classification.

In subsequent fiscal years, the reclassified positions will be subject to approved cost of living adjustments (COLA) and step and merit pay increases in accordance with collective bargaining agreements and county personnel rules. Increased costs will be funded within the department's budget.

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

N/A

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).

No change in revenues.

7. What budgets are increased/decreased?

No changes.

8. What do the changes accomplish?

Change of classification for position 716488 better fits the duties of the position as determined by the Class/Comp Unit of Central Human Resources.

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

Reclassify a 1.00 FTE Office Assistant 2 to a 1.00 FTE Office Assistant Senior, position 716488, in the Integrated Clinical Services Division of the Health Department. Class Comp approved #3250.

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

N/A

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?

N/A

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)?

N/A

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____