



# MULTNOMAH COUNTY AGENDA PLACEMENT REQUEST BUDGET MODIFICATION

(revised 12/31/09)

## Board Clerk Use Only

Meeting Date:	5/6/2010
Agenda Item #:	R-4
Est. Start Time:	10:15 am
Date Submitted:	4/19/2010

## BUDGET MODIFICATION: HD-10 - 34

Agenda Title:	<b>BUDGET MODIFICATION HD-10-34 Request approval to appropriate \$20,318 in revenue from the Department of Human Services, Seniors and People with Disabilities.</b>
---------------	--

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

Requested Meeting Date:	May 6, 2010	Amount of Time Needed:	5 Minutes
Department:	Health Department	Division:	Program Design & Evaluation Services (PDES)
Contact(s):	Lester A. Walker, Budget and Finance Manager		
Phone:	503-988-3663	Ext.	26457
	I/O Address:		167/2/210
Presenter(s):	Haiou He, PDES Program Manager; Julie Maher, PDES Director		

## General Information

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

Approval of appropriation of \$20,318 in revenue from the Department of Human Services, Seniors and People with Disabilities.

### 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 Oregon Department of Human Services, Seniors and People with Disabilities Division approached the Health Department to contract specific evaluation tasks related to the ongoing efforts to develop and implement a pilot program with Oregon Health Plan-covered adults in Lane County. The program objective is to implement a process for improving hospitals discharge planning. The ultimate goal is to develop a program that helps reduce return hospitalizations and placement into institutional care.

The Health Department's Program Design & Evaluation Services (PDES) section will conduct a telephone survey with eligible clients who have recently returned home from the hospital, before and after program implementation. Surveys will assess the client's satisfaction with hospital discharge planning and make program recommendations based on the results.

This increase in funding affects Program Offer 40035: Health Assessment, Planning and Evaluation.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2010 budget by \$20,318.

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

None.

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

None.

## 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 Health Department's federal/state revenue budget will increase by \$20,318 in FY 2010 as a result of this grant.

This is federal revenue, CFDA 93.779: Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations.

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

As a result of this budget modification, the Health Department's budget will have the following changes:

- Temporary budget will increase by \$10,735
- Non Base Fringe will increase by \$3,379
- Non Base Insurance will increase by \$3,067
- Supplies budget will increase by \$1,400
- Central Indirect budget will increase by \$505
- Department Indirect will increase by \$1,232

- **What do the changes accomplish?**

PDES will conduct a telephone survey before and after program implementation with eligible clients who have recently returned home from the hospital.

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

No additional FTE will result from this budget modification. The internal services costs necessary to support any temp/on-call staff utilized on this grant are included in the current FY 2010 budget.

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

The revenue covers these costs.

- **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 one-time-only, and the function is not ongoing. When the grant expires, the project will have been completed.

- **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)?**

The grant period is August 3, 2009 – June 30, 2011.

There are no match requirements or non-standard reporting requirements.

*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: HD-10 - 34

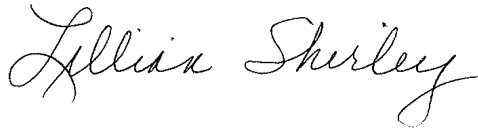
### Required Signatures

Elected Official or  
Department/  
Agency Director:

KaRin Johnson for

04-13-2010

Date:



Budget Analyst:

Date: 04/15/10

FOR KATHLEEN FULLER-POE  
L. Brown, HR

Department HR:

Date: 4/7/2010

Countywide HR:

Date: