



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # R-9 DATE 4/30/15
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 4/30/15

Agenda Item #: R.9

Est. Start Time: 10:55 am

Date Submitted: 4/9/15

Agenda Title: **BUDGET MODIFICATION # HD-18-15: Request approval to appropriate \$242,315 from the State of Oregon – State Healthy Start Program**

Requested Meeting Date: 4/30/2015

Time Needed: 5 Minutes

Department: 40 - Health Department

Division: Community Health Services

Contact(s): Robert Stoll, Budget and Finance Manager

Phone: 503-988-8445

Ext. 88445

I/O Address 167/2/210

Presenter Name(s) & Title(s): Rachael Banks, Healthy Birth Initiative Manager; Loreen Nichols, Community Health Services Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate a funding increase of \$122,315 in revenue from the State of Oregon, State Healthy Start Program and \$120,000 in associated Medicaid Administrative Claiming Funds \$60,000 for state and \$60,000 for federal.

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.

Healthy Families of Multnomah County (HFMC) is an evidence based early childhood home visiting program that provides early identification of families who may need social, behavioral support during a child's infancy and early stages of development, in order to prevent child maltreatment and ensure conditions in the home support healthy early-life development. Parents who qualify for Healthy Families receive in-home services from a community health worker or a public health nurse. The Welcome Baby Screening team is part of the Healthy Families program and conducts hospital screenings to determine eligibility of families for the Healthy Families of Multnomah County Program. Results include increasing the number of eligible first birth families screened for Healthy Start and the numbers of families to be served with intensive home visiting services. This additional funding will allow us to improve our performance related to the expected

standards set by the State Healthy Start Program.

The funding increase has two components, a funding increase of \$122,315 in revenue from the State of Oregon, State Healthy Start Program and \$120,000 in associated Medicaid Administrative Claiming Funds. Multnomah County's Healthy Start Program earns Medicaid Administration reimbursement that is claimed on a quarterly basis. The program received more funding than was initially estimated. Medicaid Administration Claiming is a required component of the grant and the reimbursements must be reinvested in the Healthy Start program to support all eligible Healthy Start families.

This budget modification affects Program Offer 40056-15 - Healthy Families.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2015 budget by \$242,315. There is no impact to the County General Fund. There is currently no fiscal impact extending past the grant end date of 06/30/2015.

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

Medicaid Administration Claiming is a required component of the grant. The State Healthy Start Program requires that Medicaid Administrative Claiming funds be reinvested into providing core Healthy Start services to eligible families.

5. Explain any citizen or other government participation.

The Healthy Families program has, and will continue to convene an advisory board to shape program direction and in the implementation of policies and procedures.

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).

The Health Department's federal/state revenue budget will increase by \$242,315 in FY 2015 as a result of the work performed under this award.

\$60,000 of the Medicaid Administrative Claiming Funds are federal revenue, CFDA #93.778: State Healthy Start - Medicaid Administrative Claiming (MAC) Funds, federal.

7. What budgets are increased/decreased?

The County's budget will have the following changes:

- Permanent budget will increase by \$86,328
- Salary Related Expense budget will increase by \$26,901
- Insurance Benefits budget will increase by \$27,487
- Professional Services budget will increase by \$79,932
- Central Indirect budget will increase by \$5,163
- Department Indirect budget will increase by \$16,504

8. What do the changes accomplish?

As a result of the work performed under this increase to the award, the Health Department's Healthy Families Family Support Team will continue to provide intensive home visiting and case

management support to eligible families. Current operations will be enhanced by providing a 1.5 additional FTE. This will increase the program's ability to achieve all expected Healthy Start mandated performance and service delivery standards through evaluation and data monitoring.

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

This budget modification will affect the following positions:

- Add 0.75 FTE, Program Specialist Senior, 716332. This position was approved by class comp on 12/06/2013 request number 2389.
- Add 0.75 FTE, Administrative Analyst, 717112. This position was approved by class comp on 03/13/2015 request number 2833.

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

All indirect expenses are covered through this funding opportunity.

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?

The revenue is on-going from state general fund for the on-going delivery of the Healthy Families program.

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)?

The grant period is July 1, 2014 to June 30, 2015. Medicaid Administration Claiming is a required component of the grant. The revenue is on-going from state general fund for the on-going delivery of the Healthy Families program.

Required Signature

Elected Official or Latricia Tillman /s/
Dept. Director: _____

Date: 4/8/2015 _____

Budget Analyst: Wendy Lin-Kelly /s/ _____

Date: 4/9/2015 _____

Department HR: Holly Calhoun /s/ _____

Date: 4/6/2015 _____

Countywide HR: _____

Date: _____

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-18-15

Expenditures & Revenues

An increase in revenue is shown as a negative value and a decrease as a positive value for consistency with SAP.

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
1	40040-15	1000	40-90	0030	409001	50370 - Dept Indirect Rev	(7,275,924)	(7,292,428)	(16,504)	
2	40040-15	1000	40-90	0030	409001	60100 - Temporary	535,627	552,131	16,504	
1000 Total										0
40-90 Total										0
Program Offer Number 40040-15 Total										0
3	40056-15	32049	40-47	0030	4CA35-1	50180 - IG-OP-Direct St	(1,350,272)	(1,472,587)	(122,315)	
4	40056-15	32049	40-47	0030	4CA35-1	60000 - Permanent	251,280	297,639	46,359	
5	40056-15	32049	40-47	0030	4CA35-1	60130 - Salary Related Expns	82,906	97,352	14,446	
6	40056-15	32049	40-47	0030	4CA35-1	60140 - Insurance Benefits	96,192	110,167	13,975	
7	40056-15	32049	40-47	0030	4CA35-1	60170 - Professional Svcs	1,500	38,098	36,598	
8	40056-15	32049	40-47	0030	4CA35-1	60350 - Central Indirect	28,771	31,377	2,606	
9	40056-15	32049	40-47	0030	4CA35-1	60355 - Dept Indirect	91,969	100,300	8,331	
32049 Total										0
10	40056-15	32099	40-47	0030	4CA35-00-32099	50180 - IG-OP-Direct St	0	(60,000)	(60,000)	
11	40056-15	32099	40-47	0030	4CA35-00-32099	60000 - Permanent	0	29,977	29,977	
12	40056-15	32099	40-47	0030	4CA35-00-32099	60130 - Salary Related Expns	0	9,341	9,341	
13	40056-15	32099	40-47	0030	4CA35-00-32099	60140 - Insurance Benefits	0	10,134	10,134	
14	40056-15	32099	40-47	0030	4CA35-00-32099	60170 - Professional Svcs	0	5,183	5,183	
15	40056-15	32099	40-47	0030	4CA35-00-32099	60350 - Central Indirect	0	1,278	1,278	
16	40056-15	32099	40-47	0030	4CA35-00-32099	60355 - Dept Indirect	0	4,087	4,087	
32099 Total										(1)
17	40056-15	32285	40-47	0030	4CA35-00-32285	50190 - IG-OP-Fed Thru St	0	(60,000)	(60,000)	

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-18-15

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
18	40056-15	32285	40-47	0030	4CA35-00-32285	60000 - Permanent	0	9,992	9,992	
19	40056-15	32285	40-47	0030	4CA35-00-32285	60130 - Salary Related Expns	0	3,114	3,114	
20	40056-15	32285	40-47	0030	4CA35-00-32285	60140 - Insurance Benefits	0	3,378	3,378	
21	40056-15	32285	40-47	0030	4CA35-00-32285	60170 - Professional Svcs	0	38,152	38,152	
22	40056-15	32285	40-47	0030	4CA35-00-32285	60350 - Central Indirect	0	1,278	1,278	
23	40056-15	32285	40-47	0030	4CA35-00-32285	60355 - Dept Indirect	0	4,087	4,087	
32285 Total										1
40-47 Total										0
Program Offer Number 40056-15 Total										0
24	72020-15	3500	72-80	0020	705210	50316 - Svc Rmb Med/Dental	(67,821,733)	(67,849,220)	(27,487)	
25	72020-15	3500	72-80	0020	705210	60330 - Claims Paid	4,825,290	4,852,777	27,487	
3500 Total										0
72-80 Total										0
Program Offer Number 72020-15 Total										0
26	95001-15	1000	19	0020	9500001000	50310 - Intl Svc Reimburse	(7,265,451)	(7,270,614)	(5,163)	
27	95001-15	1000	19	0020	9500001000	60470 - Contingency	9,890,747	9,895,910	5,163	
1000 Total										0
19 Total										0
Program Offer Number 95001-15 Total										0

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-18-15

Annualized Personnel Changes

Change is shown on a full year basis even though this action affects only a part of the fiscal year (FY).

						Annualized				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
716332	6088	Program Specialist/Sr	66876	32049	4CA35-1	1.00	61,812	19,261	18,633	99,707
717112	6033	Administrative Analyst	66876	32099	4CA35-00-32099	0.75	39,969	12,454	13,512	65,935
717112	6033	Administrative Analyst	66876	32285	4CA35-00-32285	0.25	13,323	4,151	4,504	21,978
Total Annualized Changes:						2.00	\$115,104	\$35,867	\$36,649	\$187,620

Current Year Personnel Changes

Cost/savings that will take place in this FY; these explain the actual dollar amounts being changed by this BudMod.

						Current Year				
Position Number	JCN	JCN Description	HR Org	Fund	Cost Object Number	FTE	Base Pay (60000)	Fringe (60130)	Insurance (60140)	Total
716332	6088	Program Specialist/Sr	66876	32049	4CA35-1	0.75	46,359	14,446	13,975	74,780
717112	6033	Administrative Analyst	66876	32099	4CA35-00-32099	0.56	29,977	9,341	10,134	49,451
717112	6033	Administrative Analyst	66876	32285	4CA35-00-32285	0.19	9,992	3,114	3,378	16,484
Total Current FY Changes:						1.50	\$86,328	\$26,900	\$27,487	\$140,715