



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 Dept. Director: | Latricia Tillman /s/ | 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 |