



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(Revised: 8/18/11)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # R.5 DATE 5/16/13
LYNDA GROW, BOARD CLERK

Board Clerk Use Only

Meeting Date: 5/16/13
Agenda Item #: R.5
Est. Start Time: 10:35 am
Date Submitted: 4/23/13

Agenda Title: **BUDGET MODIFICATION: DCHS13-26 Increases the Department of County Human Services' Federal/State Appropriation by \$86,975 to implement the Community-based Care Transitions Program.**

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 9, 2013 **Time Needed:** 10 Minutes
Department: County Human Services **Division:** Aging & Disabilities
Contact(s): Lee Girard
Phone: 503-988-3770 **Ext.** 83770 **I/O Address:** _____
Presenter Name(s) & Title(s): Lee Girard, Manager - Aging and Disability Services

General Information

1. What action are you requesting from the Board?

The Department of County Human Services (DCHS) is requesting approval of budget modification DCHS13-26, which increases the Aging and Disability Services Division's (ADSD) FY 2013 budget by \$86,975 to implement a Community-based Care Transitions Program (CCTP) and provide Medicare Care Transitions Services through the Center for Medicare and Medicaid Services (CMS).

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 Metro Aging & Disability Resource Connection (ADRC) Consortium, comprised of community-based organizations in Multnomah, Clackamas, Columbia and Washington Counties, applied for funding which was subsequently approved through the Center for Medicare and Medicaid Services (CMS) for two years beginning in February 2013. With this funding opportunity, the Metro ADRC Consortium will partner with seven (7) hospitals in the metropolitan area to provide evidence-based transition support to individuals who receive Medicare fee-for-service coverage and are transitioning from hospital to home or

community. The hospitals to be included in the project are: Adventist Medical Center, Legacy Emanuel Hospital, Legacy Good Samaritan Hospital, Legacy Meridian Park Hospital, Legacy Mt. Hood Medical Center, Oregon Health Science University and Tuality Hospital. The goal of this program is to reduce the rate of unnecessary hospital and emergency department readmissions. CMS will reimburse on a per member/per incident basis for care transition services. The model of transition services will include use of a nationally recognized evidence-based model along with "wrap-around" services to support individuals to successfully transition from hospital discharge to home or community. Wrap-around services will include transportation for follow up medical appointment, health promotion/chronic disease management support and short-term care coordination. The Metro ADRC Consortium is aligning this project with the developing Coordinated Care Organizations (CCO) structures in the metro tri-county area. This project will fund services to individuals who would not be served through the CCO.

The funding will be included in ADSD Access & Early Intervention Services, Program Offer 25020A.

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

Approval of this budget modification will increase the ADSD budget for FY 2013 by \$86,975. This additional funding will increase temporary personnel costs by \$46,667 to fund .63 FTE Limited Duration Case Manager 2 positions (1.50 FTE annualized). There will be an estimated \$31,000 increase in Pass-Through costs for pass-through to our other metro area ADRC consortium partners. Additional Material & Services expenses incurred will be \$7,603. Central indirect expenses will increase by \$1,705.

The service reimbursement from the Federal/State fund to the risk management fund will increase by \$11,052.

Service reimbursement from the Federal/State fund to the General fund will increase by \$1,705.

CMS will make payments based on the agreed upon per eligible discharge rate of \$355 per number of beneficiaries initially served in the previous months. Payments over two years will not exceed a total maximum amount of \$842,308. The estimated number of fee-for-service beneficiaries over the 2-year agreement ranges from 600 to 2,370.

A Revenue Amendment will be submitted to appropriate estimated revenue for FY14.

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

ADSD is the lead fiscal agency for the project and the lead agency for the contract with CMS. ADSD will establish formal contractual agreements with partner agencies who will receive pass-through funding.

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

This project requires a steering committee comprised of: representatives from each medical system; representatives from each Area Agency on Aging; representatives from other health system providers (nursing facilities, home health, etc.); and consumers.

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).**

ADSD Access & Early Intervention Services Federal/State funding for FY 2013 will increase by \$86,975. There is no CFDA Number. The approval is under the authority of Section 3026 of the Patient Protection and Affordable Care Act (Pub. L. 111-148).

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

The FY 2013 budget for ADSD Access & Early Intervention Services, Program Offer 25020A will increase by \$86,975.

The service reimbursement from the Federal/State fund to the risk management fund will increase by \$11,052.

Service reimbursement from the Federal/State fund to the General fund will increase by \$1,705.

- **What do the changes accomplish?**

The funding provides support for the implementation of Community-based Care Transitions Program in Multnomah County and Metro areas.

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

Yes. Temporary personnel costs will increase by \$46,667 to fund .63 FTE Limited Duration Case Manager 2 positions (1.50 FTE annualized).

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

The agreement caps indirect costs at 2%. Since this is a fee-for-service reimbursement agreement, central indirect costs will be incurred when services are rendered.

- **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 is a one-time-only revenue agreement awarded by the CMS beginning February 2013 for two (2) years, and may be extended on an annual basis for up to 3 additional years if consortium partners meet performance outcome goals.

- **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 is not a grant, but an agreement to serve as a provider for CMS. The initial funding will be for 2 years beginning in February 2013, with renewal for up to 3 years based on performance.

This is an opportunity to serve as a provider of Medicare-fee-for-service care transitions and is a long-term commitment. A per member/per incident all-inclusive rate will be paid to cover all related costs for the services, including direct services and program oversight. If the provider agreement with CMS is discontinued, services may end.

There are no match requirements for this project. ADSD and partners will be required to meet Medicare reporting and financial management requirements.

NOTE: If a Budget Modification or a Contingency Request attach a Budget Modification Expense & Revenues Worksheet and/or a Budget Modification Personnel Worksheet.

Required Signature

Elected Official or Dept Director: *Cathy Link for Susan Myers* **Date:** 04/04/2013

Budget Analyst: Jennifer Unruh \s\ **Date:** 4/22/13

Department HR: *Annika Shatto* **Date:** 4/4/13

Countywide HR: *Susan Mullett* **Date:** 4/16/2013

DCHS13-26

EXPENDITURES & REVENUES

Please show an increase in revenue as a negative value and a decrease as a positive value for consistency with SAP.

Budget/Fiscal Year: 2013

Line No.	Fund Center	Fund Code	Program #	Func. Area	Accounting Unit			Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Description
					Internal Order	Cost Center	WBS Element					
1	30-45	32568	25020A	0040			ADSDIVCS201CMS	50190	0	(86,975)	(86,975)	IG-OP- Fed Thru State
2	30-45	32568	25020A	0040			ADSDIVCS201CMS	60100	0	27,587	27,587	Temporary (LD)
3	30-45	32568	25020A	0040			ADSDIVCS201CMS	60135	0	8,028	8,028	Non -Base Fringe (LD)
4	30-45	32568	25020A	0040			ADSDIVCS201CMS	60145	0	11,052	11,052	Non - Insurance (LD)
5	30-45	32568	25020A	0040			ADSDIVCS201CMS	60180	0	209	209	Printing
6	30-45	32568	25020A	0040			ADSDIVCS201CMS	60240	0	3,247	3,247	Supplies
7	30-45	32568	25020A	0040			ADSDIVCS201CMS	60260	0	4,147	4,147	Travel & Training
8	30-45	32568	25020A	0040			ADSDIVCS201CMS	60160	0	31,000	31,000	Pass-Through
9	30-45	32568	25020A	0040			ADSDIVCS201CMS	60350	0	1,705	1,705	Central Indirect @ 2.00%
10												
11	72-80	3500		0020		705210		50316		(11,052)	(11,052)	Svc Rmb Insurance
12	72-80	3500		0020		705210		60330		11,052	11,052	Claims Paid
13												
14	19	1000		0020		9500001000		50310		(1,705)	(1,705)	Svs Reim F/S to General
15	19	1000		0020		9500001000		60470		1,705	1,705	Contingency
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DCHS13-26

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13												
14	19	1000		0020		9500001000		50310		(1,705)	(1,705)	Svs Reim F/S to General
15	19	1000		0020		9500001000		60470		1,705	1,705	Contingency
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