



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

APPROVED: MULTNOMAH COUNTY
BOARD OF COMMISSIONERS

AGENDA # R-15 DATE 1/8/14
MARINA BAKER, ASST BOARD CLERK

Board Clerk Use Only

Meeting Date: 1/8/14
Agenda Item #: R.15
Est. Start Time: 11:15 AM
Date Submitted: 12/29/14

Agenda Title: **BUDGET MODIFICATION # HD-23-15: Request approval to appropriate \$218,565 from HRSA Outreach and Enrollment Grant**

Requested Meeting Date: 1/8/2014 Time Needed: 5 Minutes

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): Vanetta Abdellatif, Director Integrated Clinical Services

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$218,565 from the Health Resources and Services Administration (HRSA) Outreach and Enrollment Grant award.

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 Multnomah County Health Department (MCHD) has received \$218,565 from HRSA to hire staff to conduct outreach to uninsured clients and community members; educate them on affordable insurance options; and enroll them in insurance. The outreach and enrollment achieved through this grant will allow 3,000-4,000 previously uninsured Multnomah County clients and residents to benefit from health insurance coverage. These activities will be executed over a 12-month project period beginning in July 2014. The award amount was generated by HRSA based on the proportion of MCHD patients that are uninsured.

This budget modification supports Program Offer 40016-15 - Medicaid/Medicare Eligibility

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

Approval of this budget modification will increase Multnomah County's federal/state FY 2015 budget by \$218,565. There is no increase to County General Fund expenses.

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

None.

5. Explain any citizen or other government participation.

None.

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 County's federal/state revenue budget will increase by \$218,565 in FY 2015 as a result of this budget modification.

This is federal revenue, CFDA #93.224.

7. What budgets are increased/decreased?

The County's budget will have the following changes:

- Permanent budget will increase by \$111,589
- Temporary budget will increase by \$750
- Salary Related Expense budget will increase by \$34,770
- Non Base Fringe budget will increase by \$155
- Insurance Benefits budget will increase by \$47,891
- Non Base Insurance budget will increase by \$17
- Professional Services budget will increase by \$336
- Printing budget will increase by \$1,248
- Communications budget will increase by \$13
- Repairs & Maintenance budget will increase by \$222
- Supplies budget will increase by \$1,150
- Travel & Training budget will increase by \$530
- Local Travel/ Mileage budget will increase by \$350
- Central Indirect budget will increase by \$4,657
- Department Indirect will increase by \$14,887

8. What do the changes accomplish?

- This grant award will allow MCHD to hire staff to conduct outreach to uninsured clients and community members; educate them on affordable insurance options; and enroll them in insurance.

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

This budget modification will affect the following positions:

- Add 2.81 FTE Eligibility Specialists, positions 716732, 716733, 716734 and 716735. These positions were approved on 8/26/14 by class comp request #2606.

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

Central and department indirect costs are fully covered.

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?

These funds are one-time-only. When the grant period is over the project will be complete.

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 – June 30, 2015.

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

Required Signature

Elected Official or Joanne Fuller /s/
Dept. Director: _____

Date: 12/5/2014

Budget Analyst: Wendy Lin-Kelly /s/

Date: 12/29/2014

Department HR: Larry Brown /s/

Date: 12/4/2014

Countywide HR: _____

Date: _____

Budget Modification: HD-23-15

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	40016-15	20500	40-79	0030	4FA52-13-26	50170 - IG-OP-Direct Fed	0	(218,565)	(218,565)	
2	40016-15	20500	40-79	0030	4FA52-13-26	60000 - Permanent	0	111,589	111,589	
3	40016-15	20500	40-79	0030	4FA52-13-26	60100 - Temporary	0	750	750	
4	40016-15	20500	40-79	0030	4FA52-13-26	60130 - Salary Related Expns	0	34,770	34,770	
5	40016-15	20500	40-79	0030	4FA52-13-26	60135 - Non Base Fringe	0	155	155	
6	40016-15	20500	40-79	0030	4FA52-13-26	60140 - Insurance Benefits	0	47,891	47,891	
7	40016-15	20500	40-79	0030	4FA52-13-26	60145 - Non Base Insurance	0	17	17	
8	40016-15	20500	40-79	0030	4FA52-13-26	60170 - Professional Svcs	0	336	336	
9	40016-15	20500	40-79	0030	4FA52-13-26	60180 - Printing	0	1,248	1,248	
10	40016-15	20500	40-79	0030	4FA52-13-26	60200 - Communications	0	13	13	
11	40016-15	20500	40-79	0030	4FA52-13-26	60220 - Repairs and Maint	0	222	222	
12	40016-15	20500	40-79	0030	4FA52-13-26	60240 - Supplies	0	1,150	1,150	
13	40016-15	20500	40-79	0030	4FA52-13-26	60260 - Travel & Training	0	530	530	
14	40016-15	20500	40-79	0030	4FA52-13-26	60270 - Local Travel/Mileage	0	350	350	
15	40016-15	20500	40-79	0030	4FA52-13-26	60350 - Central Indirect	0	4,657	4,657	
16	40016-15	20500	40-79	0030	4FA52-13-26	60355 - Dept Indirect	0	14,887	14,887	
20500 Total										0
40-79 Total										0
Program Offer Number 40016-15 Total										0
17	40040-15	1000	40-90	0030	409001	50370 - Dept Indirect Rev	(6,956,620)	(6,971,507)	(14,887)	
18	40040-15	1000	40-90	0030	409001	60100 - Temporary	285,701	300,588	14,887	
1000 Total										0

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-23-15

Line No.	Program Offer Number	Fund Code	Fund Center	Func. Area	Cost Object	Cost Element	Current Amount	Revised Amount	Change Increase/ (Decrease)	Subtotal
40-90 Total										0
Program Offer Number 40040-15 Total										0
19	72020-15	3500	72-80	0020	705210	50316 - Svc Rmb Med/Dental	(66,961,348)	(67,009,256)	(47,908)	
20	72020-15	3500	72-80	0020	705210	60330 - Claims Paid	3,964,905	4,012,813	47,908	
3500 Total										0
72-80 Total										0
Program Offer Number 72020-15 Total										0
21	95000-15	1000	19	0020	9500001000	60470 - Contingency	9,641,274	9,645,931	4,657	
1000 Total										4,657
19 Total										4,657
Program Offer Number 95000-15 Total										4,657
22	95001-15	1000	19	0020	9500001000	50310 - Intl Svc Reimburse	(7,100,158)	(7,104,815)	(4,657)	
1000 Total										(4,657)
19 Total										(4,657)
Program Offer Number 95001-15 Total										(4,657)

Exp/Rev/FTE - Budget Modification

Budget Year: 2015

Budget Modification: HD-23-15

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
716732	6300	Eligibility Specialist	66552	20500	4FA52-13-26	1.00	39,676	12,363	17,028	69,067
716733	6300	Eligibility Specialist	66552	20500	4FA52-13-26	1.00	39,676	12,363	17,028	69,067
716734	6300	Eligibility Specialist	66552	20500	4FA52-13-26	1.00	39,676	12,363	17,028	69,067
716735	6300	Eligibility Specialist	66552	20500	4FA52-13-26	0.75	29,757	9,272	12,771	51,800
Total Annualized Changes:						3.75	\$148,785	\$46,360	\$63,855	\$259,000

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
716732	6300	Eligibility Specialist	66552	20500	4FA52-13-26	0.75	29,757	9,272	12,771	51,800
716733	6300	Eligibility Specialist	66552	20500	4FA52-13-26	0.75	29,757	9,272	12,771	51,800
716734	6300	Eligibility Specialist	66552	20500	4FA52-13-26	0.75	29,757	9,272	12,771	51,800
716735	6300	Eligibility Specialist	66552	20500	4FA52-13-26	0.56	22,318	6,954	9,578	38,850
Total Current FY Changes:						2.81	\$111,589	\$34,770	\$47,891	\$194,250