



Multnomah County Agenda Placement Request Budget Modification

(Revised 9/23/13)

Board Clerk Use Only

Meeting Date: _____

Agenda Item #: _____

Est. Start Time: _____

Date Submitted: _____

Agenda Title: BUDGET MODIFICATION # HD-08-15: Request approval to appropriate \$145,420 from CareOregon

Requested Meeting Date: 1/8/15 **Time Needed:** 10 Minutes

Department: 40 - Health Department **Division:** Integrated Clinic 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): Vanetta Abdellatif, Integrated Clinic Services Director

General Information

1. What action are you requesting from the Board?

Approval to appropriate \$145,420 in revenue from the CareOregon Risk Accepting Entity (RAE) Medical Director revenue agreement.

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.

Multnomah County is the largest provider of primary care health services in the CareOregon network, and has been working with CareOregon to represent our client population in health system transformation efforts. Multnomah County's Deputy Medical Director is working with CareOregon to collaborate with other medical providers to develop systems that improve care and decrease cost for clients. In support of this goal, CareOregon has agreed to fund a portion of the Deputy Medical Director position. This will enable CareOregon to benefit from Multnomah County's expertise. It will also enable Multnomah County to advocate for the needs of our patients and primary care teams.

This budget modification supports Program Offer 40030: Medical Directors (Physician, Nurse Practitioner, and Nursing).

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 \$145,420. 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 Health Department's federal/state revenue budget will increase by \$145,420 in FY 2015 as a result of the work performed under this award. This is not federal revenue.

7. What budgets are increased/decreased?

The Health Department's federal/state budget will have the following changes:

- Permanent budget will increase by \$99,235
- Salary Related Expense budget will increase by \$31,914
- Insurance Benefits budget will increase by \$14,271

8. What do the changes accomplish?

This revenue agreement will enable Multnomah County to advocate on behalf of primary care teams and clients for tangible improvements to the health care system. It will also reduce costs to Multnomah County by sharing the cost of staff.

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

This budget modification will fund 0.50 FTE of the existing Deputy Medical Director, position 708823.

The internal services costs necessary to support any temporary or on-call staff are included in the current FY 2015 budget.

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

As a condition of the funding agreement, this award covers only direct payroll expenses.

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?

This revenue is ongoing.

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)?

This funding arrangement is ongoing, and there are no match or non-standard reporting requirements.

Required Signature

**Elected Official or
Dept. Director:** _____

Date: _____

Budget Analyst: _____

Date: _____

Department HR: _____

Date: _____

Countywide HR: _____

Date: _____