



**MULTNOMAH COUNTY
AGENDA PLACEMENT REQUEST
BUDGET MODIFICATION**

(revised 12/31/09)

Board Clerk Use Only	
Meeting Date:	12/02/2010
Agenda Item #:	R-5
Est. Start Time:	9:55 am
Date Submitted:	10/27/2010

BUDGET MODIFICATION: HD-11-07

Agenda Title:	BUDGET MODIFICATION – HD-11-07 - Request approval to appropriate \$554,203 in revenue from intergovernmental charges for increased clinic services at Northeast Health Center.
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Note: For all other submissions (i.e. Notices of Intent, Ordinances, Resolutions, Orders or Proclamations) please use the APR short form.

Requested Meeting Date:	<u>December 2, 2010</u>	Amount of Time Needed:	<u>5 minutes</u>
Department:	<u>Health Department</u>	Division:	<u>Integrated Clinic Services</u>
Contact(s):	<u>Lester A. Walker – Budget & Finance Manager</u>		
Phone:	<u>(503) 988-3663</u>	Ext.:	<u>26457</u>
Presenter(s):	<u>Susan Kirchoff, Health Centers Operations Director</u>		
I/O Address:	<u>167/2/210</u>		

General Information

1. What action are you requesting from the Board?

Approval of appropriation of \$554,203 in revenue from intergovernmental charges for increased clinic services at Northeast Health Center.

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 Northeast Health Center has experienced a growth of 400 medical users and 2,000 visits in the past year. At the current time, there is no access for adult Medicaid and uninsured patients in this community. There is also some capacity for new pediatric patients in the community surrounding the Northeast Health Center. This proposal aims to add a Family Practice team creating capacity to aid approximately 1,250 new patients and 4,150 visits. This increase in capacity to serve the community will result in sufficient medical fee reimbursement to fund the related increase in staff and medical supplies.

This budget modification supports Program Offer 40020: Northeast Health Clinic.

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

Approval of this budget modification will increase the Health Department's federal/state FY 2011 budget by \$554,203.

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

None.

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

The Community Health Council supports this expansion of access in the Northeast community.

ATTACHMENT A

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).**

The Health Department's federal/state revenue budget will increase by \$554,203 in FY 2011 as a result of the new Medicaid, Medicare, and patient fees.

This is Medicaid revenue, and there is no CFDA number.

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

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

- Permanent budget will increase by \$291,475
- Temporary budget will increase by \$827
- Premium budget will increase by \$3,978
- Salary Related Expense budget will increase by \$95,895
- Non Base Fringe will increase by \$159
- Insurance Benefits budget will increase by \$96,529
- Non Base Insurance budget will increase by \$27
- Professional Services budget will increase by \$6,000
- Printing budget will increase by \$894
- Supplies budget will increase by \$11,500
- Medical & Dental Supplies budget will increase by \$4,000
- Travel & Training budget will increase by \$1,000
- Local Travel/Mileage budget will increase by \$250
- Central Indirect will increase by \$8,713
- Department Indirect will increase by \$32,956

This team will be using space that NEHC already occupies and no increase in facilities management costs is expected. .

- **What do the changes accomplish?**

This increased funding will increase access to healthcare for families in Northeast Portland.

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

- Add 1.50 FTE Office Assistant 2, position numbers 714649, 714650. This position was reviewed by Class/Comp and approved on 08/26/2010 (request #1578).
- Add 1.50 FTE Clinic Medical Assistant, position numbers 714676, 714677. This position was reviewed by Class/Comp and approved on 08/26/2010 (request #1579).
- Add 0.75 FTE Licensed Comm Practical Nurse, position number 714648. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1588).
- Add 0.23 FTE Nurse Practitioner, position number 714679. This position was reviewed by

Class/Comp and approved on 08/19/2010 (request #1590).

- Add 0.75 FTE Community Health Nurse, position number 714680. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1589).
- Add 0.67 FTE Physician, position number 714681. This position was reviewed by Class/Comp and approved on 08/19/2010 (request #1591).
- **If a grant, is 100% of the central and department indirect recovered? If not, please explain why.**
The revenue covers these costs.
- **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 stream will be ongoing.
- **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)?**

N/A

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

ATTACHMENT B

BUDGET MODIFICATION: HD-11-07

Required Signatures

Elected Official or
Department/
Agency Director:

Lillian Shirley

Date: 10-22-2010

Budget Analyst:

Kiara Fuller

Date: _____

Department HR:

Date: 10/18/2010

Countywide HR:

L. Bealy

Date: 10/25/2010