

RESOLUTION 2004 - 112

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on September 14, 2004, did request the following budget adjustment:

Department / Division: Health & Human Services Dept./Healthcare Assistance Fund Name: Healthcare Assistance\EMS: Other Healthcare

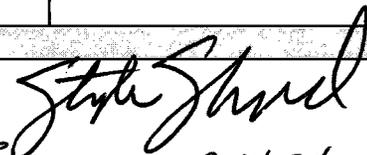
Budget Adjustment Type: Budget Increase Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

BUDGETED REVENUES: (use continuation sheet, if necessary)

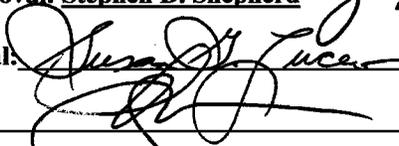
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0000	385	02-00	Budgeted Cash/State Funds	450,000	
232	0000	385	02-00	Budgeted Cash/State Funds	568,453	
TOTAL (if SUBTOTAL, check here)					1,018,453	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0420	461	70-17	Other Operating Costs: Sole Community Provider	450,000	
232	0421	461	70-17	Other Operating Costs: Sole Community Provider	568,453	
TOTAL (if SUBTOTAL, check here)					1,018,453	

Requesting Department Approval: Stephen D. Shepherd 

Title: Director Date: 09/13/04

Finance Department Approval:  Date: 9-14-04

Entered by: _____ Date: _____

County Manager Approval:  Date: 9-14-04

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

RESOLUTION 2004 -12 ✓

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen D. Shepherd Dept/Div: Health & Human Services Department/Healthcare Assistance Program\EMS: Other Healthcare Phone #: 992-9840

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

This request budgets the amount of the County Match (\$ 1,018,452.34) that is due to the State of New Mexico for the FY-2005 Sole Community Provider (SCP) supplemental payment available to St. Vincent Hospital. This funding for this request is split between the Healthcare Assistance Fund (Old Indigent Fund) (220) in the amount of \$ 450,000, and the EMS\Other Healthcare Fund (232) in the amount of \$ 568,453.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

Supplemental SCP funding did not become available until September of 2004, well after the FY-2005 budget cycle was complete.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This budget increase and the resulting expenditures are recurring if the Board of County Commissioners approves this amount for the next fiscal year. This funding may be added to the annual base SCP funding that the County matches, requiring a larger base match for FY-2006.

- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, cite statute and attach a copy.

This request is not a state special appropriation.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.

This grant does not include state funding

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Stephen D. Shepherd Dept/Div: Health & Human Services Department/Healthcare Assistance Program\EMS: Other Healthcare Phone #: 992-9840

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
 This action is a result of Commission action. The Commission approves the use of County funding to match the SCP supplemental funding available for FY-2005.
 - d) Please identify other funding sources that can be used to match this request.
 There are no other funds available to match this request
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
 This request does not impact the Capital Purchases category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
 This request has no FTE impact, and there is no future funding impact.

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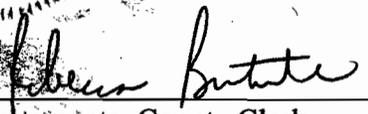
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 14th Day of September, 2004.

Santa Fe Board of County Commissioners



Paul Campos, Chairperson



Rebecca Bustamante, County Clerk



Approved As To Form.



Stephen Ross, Santa Fe County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES 9

I hereby Certify That This Instrument Was Filed for Record On The 21ST Day Of September, A D , 2004 at 12 24 And Was Duly Recorded as Instrument # 1347285 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy  County Clerk, Santa Fe, NM
Rebecca Bustamante

Memorandum

To : Santa Fe Board of County Commissioner's

From : Robert A. Anaya
Health & Human Services Department

Date : September 7, 2004

Subject : **Sole Community Provider Supplemental Funding for FY-2005.**

Issue:

The State Human Services Department's (HSD) Medical Assistance Division notified Santa Fe County that there is a total of \$ 4,049,512.30 of supplemental Sole Community Hospital Provider (SCP) funding available for St. Vincent Hospital for County FY-2005. Santa Fe County's contribution, if it chooses to participate, is \$ 1,018,452.34.

Background:

SCP funding is available on an annual basis from HSD. Generally, HSD matches each County dollar with three federal dollars, and makes quarterly payments to SCP Hospitals. Once a year, usually in December, Santa Fe County commits to the amount of match for each SCP Hospital. This is called base SCP funding. In some years HSD has extra dollars that it must commit, or send back to the federal government by September 30 of each year. When these funds are available they used by HSD to supplement the SCP Program. Santa Fe County is assigned St. Vincent Hospital for the supplemental funding.

I have attached the following information for your review:

- 1) A copy of the notification letter from HSD.
- 2) A copy of a letter from St. Vincent Hospital requesting the County submit the match.
- 3) Spreadsheets detailing Santa Fe County SCP distributions from FY-2001 to FY-2005.

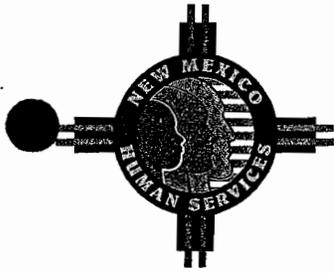
Recommendation:

The Health Policy and Planning Commission will make a recommendation to the BCC on September 9, 2004 regarding this issue. Staff will carry the HPPC recommendation, as well as it's own, at the September 14, 2004 BCC meeting.

SFC CLERK RECORDED 09/21/2004

NEW MEXICO HUMAN SERVICES DEPARTMENT

P.O. Box 2348 Santa Fe, NM 87504-2348



**MEDICAL ASSISTANCE DIVISION
PROGRAM ADMINISTRATION BUREAU**

August 23, 2004

Santa Fe County
Attn: Rebecca Beardsley, Indigent Care Administrator
P.O. Box 276
Santa Fe, NM 87504-0276

Dear Indigent Care Administrator:

The sole community hospital supplemental payment amounts have been calculated and approved. The approved amount for St. Vincent Hospital located in your county is \$4,049,512.30. The state share that is due from your county is \$1,018,452.34. **This amount is due no later than September 22, 2004** as the supplemental payment amount must be paid out by the end of the federal fiscal year (September 30, 2004).

Should you have any questions regarding the amount due, please call me at (505) 827-3127.

Sincerely,

A handwritten signature in cursive script that reads "Anna L. Bransford".

Anna L. Bransford, Financial Manager
Program Administration Bureau

cc: Sole Community Provider Fund File

SFC CLERK RECORDED 09/21/2004



August 26, 2004

Paul Campos, Chairman
Santa Fe Board of County Commissioners
P.O. Box 276
Santa Fe, NM 87504

Dear Mr. Campos,

St. Vincent Hospital, a qualified sole community hospital under Medicaid regulations, respectively requests funding of a sole community hospital supplemental payment in the amount of \$4,049,512.30. To receive the full supplemental payment, Santa Fe County must match \$1,018,452.34. St. Vincent Hospital requests that this match be provided to the New Mexico Human Services Department no later than September 22, 2004, per the attached letter from the Medical Assistance Division. Please let us know if you have any questions or concerns regarding this request.

Sincerely,

Alex Valdez
CEO/President

cc: Gerald Gonzalez, Santa Fe County Manager

Santa Fe County**09/03/04****Sole Community Hospital Base & Potential Supplemental Funding****FY-2005 Base**

Hospital Name	25.563% SF County Match	74.437% NM HSD Contribution	Total Base Funding
Espanola Hospital	99,703.00	290,332.00	390,035.00
Holy Cross Hospital	5,291.00	15,409.00	20,700.00
Los Alamos Hospital	11,163.00	32,507.00	43,670.00
St. Vincent's Hospital	4,222,398.00	12,295,539.00	16,517,937.00
Totals	4,338,555.00	12,633,787.00	16,972,342.00

FY-2005 Supplemental

Hospital Name	25.150% SF County Match	74.850% NM HSD Contribution	Total Additional Funding
Espanola Hospital	0.00	0.00	0.00
Holy Cross Hospital	0.00	0.00	0.00
Los Alamos Hospital	0.00	0.00	0.00
St. Vincent's Hospital	1,018,452.34	3,031,059.96	4,049,512.30
Totals	1,018,452.34	3,031,059.96	4,049,512.30

FY-2005 Total SCP Funding

Hospital Name	SF County Match	NM HSD Contribution	Grand Total
Espanola Hospital	99,703.00	290,332.00	390,035.00
Holy Cross Hospital	5,291.00	15,409.00	20,700.00
Los Alamos Hospital	11,163.00	32,507.00	43,670.00
St. Vincent's Hospital	5,240,850.34	15,326,598.96	20,567,449.30
Totals	5,357,007.34	15,664,846.96	21,021,854.30

SEC. CLERK RECORDED 09/21/2004