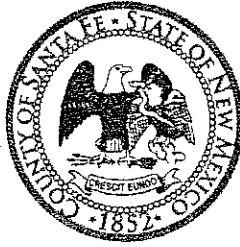


Henry P. Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4


Ed Moreno
Commissioner, District 5

Katherine Miller
County Manager

MEMORANDUM

Date: *September 5, 2017*

To: *Santa Fe County Board of County Commissioners*

From: *Don Moya, Finance Division Director* 

Via: *Rachel O'Connor, Director, Community Services Department*
Patricia Boies, Health Services Director

Re: **Resolution No. 2017- _____, A Resolution Requesting a Budget Increase to the Indigent Services Fund (223) in the Amount of \$158,000 (Finance Division/Don Moya)**

ISSUE

Santa Fe County Community Services Department/Health Services Division is requesting a budget increase in the amount of \$158,000 for indigent claims and for salaries and benefits for Health Care Assistance Program staff.

BACKGROUND

The Health Care Assistance Program fund has additional revenues that were not budgeted as part of the FY 2018 budget submission, in the amount of \$158,000. The need for financial assistance with medical claims for low-income residents served by the Health Care Assistance Program has been made more apparent through the work that the Health Care Advocate has been doing, particularly with regard to individuals having difficulty paying for medical bills. The responsibilities of the Program Manager, the Claims Investigator, and the Health Care Advocate have increased and warrant salary increases.

ACTION REQUIRED

Santa Fe County Community Services requests approval to increase the Health Care Assistance Program funding in the amount of \$158,000, with \$148,476 going towards indigent claims and \$9,524 for salaries and employee benefits.



SANTA FE COUNTY

RESOLUTION 2017 - _____

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

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

Department / Division: CSD/Health Care Assistance Program

Fund Name: General Fund (101) & Indigent Fund (223)

Budget Adjustment Type: Budget Increase & Transfer Between Funds

Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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
223	0420	390	01-01	Operating Transfer In / From Fund 101	\$158,000	
101	0000	385	01-00	Budgeted Cash	\$158,000	
TOTAL (if SUBTOTAL, check here)					\$316,000	

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
223	0420	461	10-22	Salary & Wages / Classified Employees	\$7,316	
223	0420	461	20-01	Employee Benefits / FICA-Regular	\$454	
223	0420	461	20-02	Employee Benefits / FICA-Medicare	\$106	
223	0420	461	20-03	Employee Benefits / Retirement Contributions	\$1,502	
223	0420	461	20-06	Employee Benefits / Retiree Healthcare	\$146	
223	0420	461	72-02	Healthcare Assistance / Indigent Claims	\$148,476	
101	0000	490	02-23	Operating Transfer Out / To Fund 223	\$158,000	
TOTAL (if SUBTOTAL, check here)					\$316,000	

Requesting Department Approval: *Shirley O'Leary* Title: CSD Director Date: 9/8/17

Finance Department Approval: *Don May* Date: 9-13-17 Entered by: _____ Date: _____

County Manager Approval: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2017 - 2018

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Teresa Casados Dept/Div: CSD/Senior Services Phone No.: 992-9848

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.
 The Health Care Assistance Program fund has additional revenues that were not budgeted as part of the FY 2018 budget submission, in the amount of \$158,000. The responsibilities of the Program Manager, the claims investigator, and the new Health Care Advocate have increased and warrant salary increases. In addition, in terms of increasing the claims amount, the need for financial assistance for low-income residents served by the Health Care Assistance Program has been made more apparent through the work that the Health Care Advocate has been doing with individuals having difficulty paying for medical bills.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense X (for salary and wages) or for NON-RECURRING (one-time only) expense X (for indigent claims)
 The salary and wages line items would be recurring expense. The indigent claims would be for non-recurring expense.

SANTA FE COUNTY

RESOLUTION 2017 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Gina Capener Dept/Div: CSD Phone No.: 992-9848

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

- 3) 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, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request. N/A

SANTA FE COUNTY

RESOLUTION 2017 - _____

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 _____ Day of _____, 2017.

Santa Fe Board of County Commissioners

Henry P. Roybal, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

