




EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

MEMO

**Date:** May 17, 2019

**To:** Don Ashton  
CAO

**From:** Don Semon   
HHSA Director

**Subject:** Health and Human Services Agency Public Health Department Request to Process the Attached Budget Transfer

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The Health and Human Services Agency (HHS), Public Health Department, is requesting a budget transfer to utilize identified General Fund (GF) savings in the Emergency Medical Services (EMS) and County Medical Services (CMSP) Programs for the California Children's Services (CCS) Program. This request is to increase the GF revenues to the Operating Transfers In object and appropriations to the Support and Care of Persons object for the CCS Program in the amount of (\$100,000); and to decrease the GF contributions and appropriations to EMS and CMSP. The CCS Program is a mandated state program for children under 21 with certain diseases or health needs. The CCS program is administered as a partnership between the County Public Health Department and the California Department of Health Care Services (DHCS), with the County share of patient treatment costs being fifty percent. Currently, the program is caring for a child who has a serious condition, and the County portion of the cost for this fiscal year is significantly higher than prior years. The transfer is being requested at this point in time mostly due to the timing of quarterly invoices from the State, and the determination of the length of necessary treatment. In addition, the agency had to determine savings in other programs that could be used to cover these costs before requesting additional General Fund. At this time, the costs for the final quarter are unknown, so a projection was used to determine the General Fund need. Savings were identified in the CMSP program of (\$43,492) due to the required annual County Participation Fee being waived for FY 2018-19 by the CMSP Governing Board; and there are also savings in the EMS Program of (\$56,508) due to decreased program expenditures.

**Increase in Revenues:**

FENIX Org 5430300  
Object: 2020 – Operating Transfer In (\$ 100,000)  
PL String: 54CBNCCSDG-54220-50300

**Decrease in Revenues:**

FENIX Org 5440460  
Object: 2020- Operating Transfer In \$43,492  
PL String: 54CMSP0000-54120-50300

FENIX Org 5440460  
Object: 2020- Operating Transfer In \$56,508  
PL String: 54EMS00000-54200-50200

**Increase in Appropriations:**

FENIX Org 5430300  
Object 5000 – Support and Care of Persons \$100,000  
PL String: 54CBNCCSDG-54OPEX-50300-WS

**Decrease in Appropriations:**

FENIX Org 5440460

Object: 4500 – Special Department Expense

(\$ 43,492)

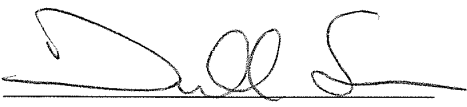
PL String: 54CMSP0000-54GENOPEX-50300-WS

FENIX Org 5450500

Object: 4500 – Special Department Expense

(\$56,508)

PL String: 54EMS00000-54OPEX-50200-WS

Signature:  Date: 5-23-19

*zck*

|                            |  |
|----------------------------|--|
| AUDITOR / CONTROLLER'S USE |  |
| TRANSFER #                 |  |
| DATE                       |  |
| CODE BY                    |  |

EL DORADO COUNTY APPROPRIATION TRANSFER ( 29130 GOV. CODE )

# BUDGET TRANSFER REQUEST #1

HHSA - Public Health

DEPARTMENT OR AGENCY NAME

5/17/2019

DATE

*[Signature]*

DEPARTMENT AUTHORIZATION SIGNATURE AND PHONE NUMBER

PAGE 1 OF 1

COMPLETE THE INFORMATION BELOW WITH JUSTIFICATION NARRATIVE OR ATTACH A MEMO.  
 REMOVE THE GOLD COPY AND SUBMIT COMPLETE REQUEST TO THE AUDITOR / CONTROLLER'S OFFICE.  
 A BUDGET TRANSFER MUST BE AT LEAST TWO LINES, NOT EXCEED TWENTY-SIX LINES AND USE AN "ODD AND EVEN" NUMBERED TRANSACTION CODE\*

\* 002 = INCREASE ESTIMATED REVENUE  
 \* 003 = DECREASE ESTIMATED REVENUE  
 \* 011 = INCREASE IN APPROPRIATION / BOS APPROVED  
 \* 012 = DECREASE IN APPROPRIATION / BOS APPROVED

| S<br>F<br>X | D/C | ORG CODE | GL<br>PROJ | SUB OBJECT<br>NUMBER | PL STRING                     | AMOUNT    | DESCRIPTION                                  | (50 CHARACTERS MAX.) |
|-------------|-----|----------|------------|----------------------|-------------------------------|-----------|--|----------------------|
| 1           | C   | 5430300  |            | 2020                 | 54CBNCCSDG-54220-50300        | (100,000) | FY 18-19 CCS DX Inc Operating Trf In         |                      |
| 2           | D   | 5430300  |            | 5000                 | 54CBNCCSDG-54OPEX-50300-WS    | 100,000   | FY 18-19 CCS DX Inc Supp and Care of Persons |                      |
| 3           | D   | 5440460  |            | 2020                 | 54CMSP0000-54120-50300        | 43,492    | FY 18-19 CMSP Dec Operating Trf In           |                      |
| 4           | C   | 5440460  |            | 4500                 | 54CMSP0000-54GENOPEX-50300-WS | (43,492)  | FY 18-19 CMSP Dec Special Dept Exp           |                      |
| 5           | D   | 5450500  |            | 2020                 | 54EMSO0000-54200-50200        | 56,508    | FY 18-19 EMS Dec Operating Trf In            |                      |
| 6           | C   | 5450500  |            | 4500                 | 54EMSO0000-54OPEX-50200-WS    | (56,508)  | FY 18-19 EMS Dec Special Department Expense  |                      |
| 7           |     |          |            |                      |                               |           |  |                      |
| 8           |     |          |            |                      |                               |           |  |                      |
| 9           |     |          |            |                      |                               |           |  |                      |
| 10          |     |          |            |                      |                               |           |  |                      |
| 11          |     |          |            |                      |                               |           |  |                      |
| 12          |     |          |            |                      |                               |           |  |                      |
| 13          |     |          |            |                      |                               |           |  |                      |

REVIEWED FOR FORMAT BY

JOE HARN, C.P.A. AUDITOR / CONTR

DATE

CHIEF ADMINISTRATIVE OFFICE - AN.

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

S:\APFORMS\BUDGET TRANSFER 1.XLS

DISTRIBUTION: WHITE - BOS / YELLOW - AUDITOR / PINK - CHIEF ADMINISTRATIVE OFFICE / GOLD - DEPARTMENT

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

APPROVED AND SO ORDERED THAT THE ABOVE TRANSFERS BE MADE (AS REQUESTED OR AMENDED) AND INCORPORATED IN THE MINUTES OF THIS MEETING OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO