

El Dorado County- HHSA - Health Services Department

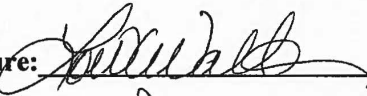
Budget Transfer Request Memo

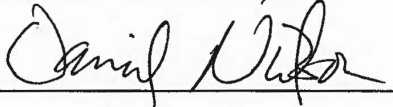
To be completed and attached to all reports or submissions

TO: Chief Administrative Office
DATE: November 16, 2012
FROM: Lori Walker, Chief Fiscal Officer
DEPT: Health and Human Services
SUBJECT: Request to process attached budget transfer request

Detailed description of report or attached submission:

In FY 2012/13, The Health and Human Services Agency Mental Health Division is requesting to increase the budget for revenues deposited into the Support Services Account from the Local Revenue Fund 2011 Behavioral Health Subaccount, 7777120. The Behavioral Health Subaccount was recently established for funding to support Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and Mental Health Managed Care. These funds were previously deposited directly into the operating accounts; however, funding for these services is now deposited into the Local Revenue Fund 2011 Behavioral Health Subaccount.

Chief Fiscal Officer Signature:  Date: 11/16/12

Department Head Signature:  Date: 12-4-2012

AUDITOR / CONTROLLER'S USE	
TRANSFER #	
DATE	
CODE BY	

EL DORADO COUNTY APPROPRIATION TRANSFER (29130 GOV. CO

BUDGET TRANSFER REQUEST #1

Health and Human Services Agency, Mental Health Division

DEPARTMENT OR AGENCY NAME

TO BE COMPLETED BY THE DEPARTMENT	
DOCUMENT TOTAL	8,575,408
NUMBER OF LINES	8
TRANSACTION CODE TOTAL*	45

DATE

10/22/12

David Wilson 642-7275

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 F X	TRANS CODE NO.*	INDEX CODE NUMBER	SUB OBJECT NUMBER	USER CODE NUMBER	AMOUNT	DESCRIPTION (50 CHARACTERS MAX.)
1	002	7777120	0680		2,143,852	Bud Incr Beh Health Rev for EPSDT and Mngd Care
2	011	7777120	7000		2,143,852	Bud Incr Beh Health Rev for EPSDT and Mngd Care
3	002	418400	2026		671,291	Budget Incr Behav Health Rev for Mngd Care
4	002	418720	2026		1,472,561	Bud Incr Beh Health Rev for EPSDT
5	003	418400	0660		634,113	Budget Decrease for Mngd Care Revenue
6	003	418720	0662		1,290,221	Budget Decrease for EPSDT Revenue
7	011	418400	4500		37,178	Budget Increase for Mngd Care Services
8	011	418720	4500		182,340	Budget Increase for EPSDT Services
9						
10						
11						
12						
13						

REVIEWED
FOR
FORMAT BY

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

DATE

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

CHIEF ADMINISTRATIVE OFFICE - ANALYST

DATE

SIGNATURE: CHAIRMAN, BOARD OF SUPERVISORS

DATE

CHIEF ADMINISTRATIVE OFFICE

DATE

ATTEST: CLERK, BOARD OF SUPERVISORS

S:\APFORMS\BUDGET TRANSFER 1.XLS

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