# Lee County Board Of County Commissioners Agenda Item Summary

Blue Sheet No. 2005/432

### 1. ACTION REQUESTED/PURPOSE:

Approve a transfer of funds in the amount of \$503,000 from General Fund reserves for Medicaid. These Medicaid funds are part of the Department of Human Services' FY04-05 State-Mandated budget.

#### 2. WHAT ACTION ACCOMPLISHES:

Covers an anticipated deficit of \$503,000 in County contributed Medicaid funds in the FY04-05 State-Mandated budget.

**3. MANAGEMENT RECOMMENDATION:** Approve this request to move \$503,000 from General Fund Reserves into the Medicaid line item of the Department of Human Services' State-Mandated budget.

4. Departmental Category	: 05	5. Meeting Date:	10-18-2005		
6. Agenda:	7. Requirement/Purpos	e: (specify)	8. Request Initiated:		
X Consent	X Statute	409.915	Commissioner		
Administrative	Ordinance		Department	Human Services	
Appeals	Admin. Code	-	Division		
Public	Other	-	By: Susan	Oliver, Program Mgr.	
Walk-On				- When	

## 9. Background:

Lee County Human Services budgeted \$3,168,625 in FY04-05 to fund the state-mandated county portion of the Medicaid program. A rising population count and fluctuations in the amount of each month's Medicaid bill makes it difficult to predict how many dollars will be needed each year for this program. The August Medicaid bill contained a large unanticipated HMO billing which leaves the budget line for Medicaid in a deficit. There is still one more month of billing to be covered in FY04-05. The Department is requesting \$503,000 from General Fund reserves to cover the deficit resulting from all bills related to FY04-05. For FY05-06, the Department has budgeted \$4,000,000.

10. Review for Sched	uling:					
Department Purchasing Director Contracts	Human Resources	Other	County Attorney	Budget Services		County Manager/P.W.
N/A N/A	N/A	N/A	Chlick	Analyst Risk		30/00 10-6-6
11. Commission Act Approve Deferred Denied Other	d		COUN 9- 3- COUN	IVED BY ITY ADMIN: 29-05 35 ITY ADMIN	Rec. by CoAtty Date: 19905 Time: 2:0500 Forwarded To:	
S:\FSS\STMANDAT\MED	ICAID\Blue S	Sheet 2005.d	loc	10/4/1/C	Adminglage	

## REQUEST FOR TRANSFER OF FUNDS

FUND NAME: General Fund	DATE: September 30, 2005	BATCH NO.:					
FISCAL YEAR: <u>04-05</u> FUND NO.: <u>00</u>	100 DOC. TYPE: <u>YB</u>	LEDGER TYPE: <u>BA</u>					
TO: Human Services	State Ma	ndated Program					
(Division Name)		gram Name)					
NOTE: Please list the account number below in the following order: Business Unit (dept/div, program, fund, subfund); Object Account; Subsidiary; Subledger (Example: BB 5120100100.503450)							
Account Number	Object Name	<u>DEBIT</u>					
FC5610100100.508121	Medicaid/State County Sha	s 503,000					
TOTAL TO:		<u>\$ 503,000</u>					
FROM: Non-Departmental	R	Leserves					
(Division Name)	(Prog	gram Name)					
Account Number	Object Name	<u>CREDIT</u>					
GC5890100100.509910	Reserve for Contingency	\$ 503,000					
TOTAL FROM:		<u>\$ 503,000</u>					
EXPLANATION: For increased Medicaid and HMO costs, per Bluesheet #20051422.							
	Barbara Lallis	for Karin Hauses 1/30/05					
DIVISION DIRECTOR SIGNATURE/DA	ATE DEPARTMENT HEA	AD SIGNATURE/DATE					
DBO: APPROVAL X DENIAL	OPS. ANALYST SIC	ntor 9/30/05 SNATURE DATE					
OPS. MGR.: APPROVAL DENIAL	OPS. MGR. SIGNAT	9/30/05 TURE DATE					
CO. MGR.: APPROVAL DENIAL	CO MANAGER SIG	NATURE DATE					
BCC APPROVAL DATE:	BCC CHAIRMAN S	IGNATURE					
	TH CODE TRA						